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EDITORIAL COMMENT

MISS NOYES' APPOINTMENT

No branch of nursing work has grown so rapidly or has assumed such dimensions as has the nursing section of the Red Cross. Its work has been greatly increased during the European war and now during the mobilization of troops, the development of base hospitals, etc., until it has become impossible for one person to administer it alone. Miss Delano has given, without salary, years of devoted service to the Red Cross, assuming much work that was not really the duty of the chairman of the nursing service. To relieve her, a new position has been created, that of Chief of the Bureau of Nursing, to which Mr. Taft, Chairman of the Central Committee, has appointed Clara D. Noyes, superintendent of nurses at Bellevue and Allied Hospitals. Miss Delano will remain Chairman of the Committee on Nursing Service. In connection with the appointment, Mr. Taft has issued the following statement, which has already been given some publicity.

Under the most efficient management of Jane A. Delano, Chairman of the National Committee on Nursing Service, a corps of over 7,000 of the representative graduate trained nurses of the country has been enrolled for Red Cross service. This branch of the work has become so large and important and the burden of it so great that Miss Delano felt it advisable to secure a superintendent for the Nursing Bureau to be, if possible, one of the ablest training school superintendents. The Executive Committee concurred in Miss Delano's recommendation and we are fortunate to secure for this important office Clara D. Noyes, superintendent of the Bellevue Training School of New York City, who will take up her duties with the Red Cross on or about October 1.

Although born in Maryland, Miss Noyes comes of New England ancestors who have been prominent in the history of this country for several generations. She graduated from Johns Hopkins Hospital Training School for Nurses in 1896. The following year she went to the New England Hospital for Women and Chil-

dren, Boston, as superintendent of the Training School, and in 1901 accepted the position of superintendent of St. Luke's Hospital Training School for Nurses, New Bedford. In 1910 she was appointed General Superintendent of Training Schools at Bellevue Hospital, New York City, a position also held by Miss Delano previous to her connection with the Red Cross. Miss Noyes has been active in all nursing affairs, has been president of the National League of Nursing Education and president of the Board of Directors of the AMERICAN JOURNAL OF NURSING. Since 1907 she has lectured at Teachers College on hospital administration and brings to the Red Cross a wealth of experience as an organizer and an administrator.

The appointment of Miss Noyes in no way changes the general policy of the nursing service. Miss Delano maintains her position as Chairman of the National Committee on Nursing Service and will continue to give her invaluable assistance to the Red Cross. Thanks to her devotion and that of many of our chief nurses who have given their vacations to this work, more than 1,000 are ready for our base hospital units alone. A large number of smaller groups, consisting of 10 nurses each, and known as "Emergency Detachments of Nurses" are also being organized to meet any possible need of the Army and Navy.

The position which Miss Noyes has held during the past few years is one of the most difficult in training school work and that, with her League work, have made her known to nurses in every part of the country. This will be a great advantage to her in her new position under the Red Cross. We may be sure that she will bring to her new duties the same enthusiasm and efficiency that have marked her career in the past.

A PROGRESSIVE STEP IN NURSING EDUCATION

Philadelphia is leading in an experiment in nursing education which promises to bring about a most important reform in that field. Our correspondent calls it an experiment in coöperative classwork and writes of it as follows:

The Philadelphia League of Nursing Education appointed a committee to consider the arrangement of a special lecture course for the senior classes of all the Philadelphia training schools for nurses. The committee arranged a course of 31 periods, to be given weekly from October 1 to May 31, to discuss diseases from a social standpoint; the institutions dealing with social problems; some of the causes underlying these problems. One person understanding the public health field will give the first lecture as an introduction to the course, and will present the work as a whole to the students, in order that they may understand its object, and its relation to bedside nursing and to public health. The same lecturer will give three other lectures, which the committee has called reviews, and which are intended to review the three groups of lectures. For the sake of the convenience of the schools, the city has been divided into four districts, a hospital selected in each district, where the lectures will be given simultaneously, except in the case of the reviews, at which time all the classes will meet at one central place.

In planning this course the committee had no idea of specializing on any subject or subjects, but the object was that the nurses' education might be broadened by presenting the social aspect of nursing in the same general way as all other phases of the profession were presented and also to follow up, in a practical manner, the suggestion made at the National Convention in New Orleans, that there be introduced into all training schools, as far as possible, at least a minimum degree of instruction in social problems. By following the course suggested by this committee, both large and small schools would have the same opportunity of hearing expert discussions of these topics, and it is believed that the spirit of coöperation between the schools will be increased and that one more step toward standardization will have been taken.

Fifty-five schools, representing at least five hundred senior students, will attend these lectures. The following is an outline of the topics: (1) Introduction, (2) Social aspect of tuberculosis, (3) Social aspect of tuberculosis, (4) Alcohol and drugs, (5) Venereal diseases, (6) Blindness and midwife problems, (7) Unmarried mothers, (8) Diseases of children, (9) Diseases of children, (10) Occupational diseases, (11) Mental diseases, (12) Dietetics in relation to the family budget, (13) Review, (14) Tuberculosis industrial nursing, (15) School nursing, (16) Infant welfare nursing, (17) Rural nursing and visiting nursing, (18) Medical social service and mental hygiene nursing, (19) Review, (20 Immigration, (21) Housing and standards of living, (22) Labor conditions, (23) Recreation, (24) Prostitution, (25) Problems of relief, (26) Social statistics, (27) Social agencies, (28) Health agencies, (29) Review, (30) State registration, (31) Nursing organizations.

We see in this a most valuable trend toward the central school idea and we believe that this experiment being tried in Philadelphia will be followed in other cities. We recommend the idea to state and local leagues for their immediate consideration.

BLACK BANDS ON A NURSE'S CAP

We have been asked to explain through the pages of the JOURNAL the significance of a black band on a nurse's cap. There is no universal official significance in regard to it. It has a different meaning in different hospitals. In the beginning, when training schools were developing and there were practically no graduate nurses to hold official positions, an undergraduate being put in charge of a ward or of an operating room or of any department of an institution, wore a black band on her cap as a badge of office, her uniform being the same as that of the other pupils. It was used later by a graduate nurse holding a position in a hospital, her uniform remaining unchanged.

During the years when it was the universal custom to send out pupil nurses from the training schools on private cases, graduates were particular to wear a black band, as it distinguished them from the undergraduates who were so employed. With the discontinuance of this custom and with the general adoption by graduates of a white

uniform, a change which has taken place within recent years, the black band has lost its significance and is not so commonly used. Many graduates discard their cap entirely or make one to suit their fancy, which they think is more becoming than their school cap. As we have said before, it would be well if some standard uniform could be adopted and protected by law, its use being restricted to nurses who have conformed to Red Cross standards.

INFANTILE PARALYSIS

The whole country is interested in the fight against infantile paralysis and is watching the reports given in the magazines and papers as to its treatment. Nurses will be especially interested to know of a movement in which one of their own number is taking the lead. In the fight to control the spread of infantile paralysis in New York City, Lillian D. Wald, of the Henry Street Settlement, is leading the movement to establish convalescent hospitals for the after-care of these patients. The general hospitals, where such cases are being treated, can keep them only during the acute stage. It is the proper care during the long period of convalescence which frequently determines whether or not the patients will be crippled. Specially-trained orthopaedic nurses are being provided by the Settlement for the care of those suffering from the disease, in their homes.

CHANGES IN METHODS OF FEEDING IN TUBERCULOSIS

When it first began to be realized that tuberculosis was curable and when sanatoria and camps were established for its care, the method of feeding was quite generally a stuffing process. An effort was made to build up the patient's resistance and to offset the loss in weight by giving quantities of food, especially milk and eggs. We find at the present time a very decided change in this respect, due largely to post-mortem findings which showed that stomach and liver complications have frequently been the cause of death of tubercular patients, due to over feeding. Some of the leading authorities thoroughly disapprove of any special diet, they advise and give plain, nourishing food, meat but once, or possibly twice, a day; milk with meals, between them and at bed-time; eggs in place of meat, once or twice a week, not oftener. Peptonized milk or buttermilk may be given during digestive disturbances. If milk is not tolerated, cottage cheese in sandwiches may be used as a substitute.

We see by the *Journal of Outdoor Life* that the state of California is standardizing its tuberculosis work.

REORGANIZATION

With the coming of fall, many of the state associations will be holding their annual meetings and we want again to urge them to take into serious consideration the question of reorganization, as recommended by the American Nurses' Association. We print in this issue a summary of the chief points under consideration, showing what amendments were adopted at the convention in New Orleans. The chairman of the Committee on Revision, Miss Sly, will be only too glad to clear up any points that are doubtful to committees having this work in charge.

It is interesting to know that among the very first states to get under way in this work of reorganization is the state of Washington on the furthest point of the Pacific border and that this state is moving so promptly and efficiently because of the inspiration brought back by its delegate to New Orleans.

NURSING PROBLEMS AND OBLIGATIONS

Miss Parsons' little book of the above title, which is just off the press, is an exceedingly valuable contribution to our nursing literature. It is a compilation of her talks to the pupils of the training school of the Massachusetts General Hospital on all of those various points touching the ethical side of a nurse's work. She has presented the old familiar problems with a freshness and enthusiasm which seem to make them new and she has introduced many new subjects which we do not remember to have seen before in any of our standard books. She has taken great pains to prepare her pupils for membership in all the various nursing activities from the alumnae association through our three national organizations and the Red Cross. She gives a little history of the JOURNAL and makes plain the difference between a professional and a commercial magazine.

Space does not permit us to quote from the volume as we should like to do. We recommend the book not only to graduates but to teachers of nurses who sometimes make the mistake of feeling that the old subjects are worn threadbare.

IN PREPARATION FOR THE NEW YORK STATE EXAMINATION

By JANE E. HITCHCOCK, R.N.

New York, N. Y.

Examination for state registration has become an established and accepted fact. Women who enter New York training schools are prepared for the fact that they must satisfactorily meet an examination at the termination of their training before they are qualified to practise their profession.

This final state examination has many features that tend to make it trying both for the nurse to be examined and for those whose duty it is to conduct the test. The profession itself and the demands upon it are changing almost from month to month. What was an accepted theory last year is obsolete in this. And this change is not uniform throughout the state. New thought affects at first only the immediate vicinity. A community, a school, a hospital may thrill with a new idea of which the outside world gets hardly an inkling. In a science, like that of nursing, that is steadily advancing these new ideas are hardly reported to the world at large before fresh ones crowd in and jostle them out of the lime light. This changing feature has a serious effect upon nurses in training. Much of the impression of treatment, for instance, that comes to a pupil nurse reaches her through the orders of the attending physician. His methods may be quite at variance with those of a doctor, who, in a distant part of the state, is in his turn sharing in the impression given to other nurses. How to keep before the consciousness of the nurses the idea of the salient, underlying principles through all of this diversified application is difficult. Instructors must bear this in mind and train their pupils to get at the core of the truth and not confuse it with the mere method of an especial form of application of the principle.

Another, and perhaps the largest handicap, is the great volume of work involved in an examination like that, for instance, in New York, of over half a thousand women. In a small group personal consideration may be given but in a big examination the disadvantages in dealing with large numbers must be recognized. Individuals should be trained to meet this disadvantage and to set their answers down in such a way that the attention of the reader may be caught by the point that is being made. She should not be compelled to wade through

wordy, rambling answers when a short, concise one would be equally correct.

May I take the liberty of suggesting to instructors that they bear these facts in mind, and may I at the same time offer the following points as indicative of a way to fit their pupils for the ordeal of the state examination?

The New York State Board of Examiners prepares fifteen questions in each subject. The examinee is instructed to answer any ten of these according to her choice and she is marked on these ten only. No credit is given to any answers in excess of this number and, furthermore, the answers are considered in the order in which they appear on the sheet. Any answers over and above the first ten are blue-penciled without being read. It has occasionally happened, to the regret of the examiner, that a superfluous answer was correct and might have raised the total percent if it had been given among the first ten.

The ruling of the New York State Department of Education with regard to the percent of subjects is lenient. Failure in one subject is allowed provided it is rated at 50 per cent or over. Failure in two subjects is permitted if the general average of all subjects is 75 per cent or over. If there is failure in three subjects the examination is considered lost for that time, but these three subjects may be passed up at a subsequent examination. Failure in four or more subjects involves the retaking of the whole examination and a mark under 50 per cent discredits the entire examination.

These rulings are generous, yes, ridiculously so and yet many nurses find great difficulty in getting safely through the ordeal. It is incredible that nurses do not know more than sometimes appears at these tests. Their three years of training and experience alone must have taught them much that can not be extracted from books, and their class and lecture work must have assisted in classifying these facts and experiences in logical order. Where then, is the stumbling block? Is it possible that instructors may be failing to familiarize their classes with the form and manner of such an examination as that which they must pass before they can secure state registration? Are they attempting to fill their minds with facts and failing to develop in them the power of expressing these facts in understandable terms? Have we failed to recognize that we are dealing as a whole not with college graduates or even those who have finished a secondary training? We grant registration to nurses who have had only one year of high school as preliminary general education, and ask them to deal with subjects the underlying purport of which can be understood only by the adult mind. Do we realize that under these conditions there

is much more to be done than simply to fill their minds with facts? A woman who has had the advantage of years of mental drill in class or lecture room sees no great terror in a written examination; but there are enormous difficulties for a woman of twenty-one years of age who has had no mental training since she finished the first year of high school at which time, even under the best of circumstances, she was only beginning to accustom herself to the ordeal of a written examination. Such a woman finds herself handicapped when she tries to set down on paper in clear and comprehensible language the knowledge that she has in part acquired through the channel of practical experience. Many a woman who has profited by the instruction in training school, and who has applied it to her every-day experience nevertheless is at a great disadvantage when she attempts to put this knowledge in writing in the definite and possibly terrifying form of a Regents' examination. As the standard of preliminary education is gradually raised this situation will disappear in inverse ratio. At present, however, we have to reckon with the truth that we have adults with the mental training of girls of sixteen submitting themselves to examinations in subjects that are adapted to adult minds. The schools are fortunate that are able to demand preliminary standards, and for them these words have no message. We are in this article concerning ourselves for the sake of the hundreds of women who are graduating each year in New York state and who, fulfilling the minimum requirements of age, experience and schooling are attempting to take up the class work of the training schools and the final test of the Regents' examination after their school books have been closed for years. I fancy that I hear an overworked superintendent gasp, "It is difficult to find time for the present schedule of class work! How can we possibly go back of that and give the mental drill that these words imply?" There is no doubt that the suggestions which follow if carried out will involve labor and careful planning, but the situation is of our own making through our demands for higher training, and it is our duty to offer all possible assistance to the women who have trusted themselves to our methods of teaching.

Passing over the consideration of the subjects in detail let us consider the following points in their relation to the examinations:

1. Familiarity with the forms of a written test.
2. Conciseness of expression.
3. Logical sequence in expression.
4. Definiteness in expression.
5. Practical demonstrations with modern methods.
6. Practical demonstrations with partially obsolete methods.

1. Familiarity with the forms of a written test. We would urge frequent written tests following the form of the Regents' examinations. Present a large number of questions from which the pupil may select a desired number. In this way the pupils will be experienced in determining rapidly what questions to attempt and what to turn aside. Valuable time is likely to be lost in the bewilderment of selecting the questions to be attempted. Particularly will this be so to one who is accustomed to answering all questions presented.

2. Conciseness in expression. Try to train the nurses to avoid the use of over many words. Too many words obscure the meaning. Conciseness aids in just estimation of the writer's meaning, and takes much less time on the part of the writer. A more or less tabulated form is quick and concise and there can be no confusion as to the meaning. For example let us take the question, "Give three symptoms of internal haemorrhage." In answering this question a nurse should give three and only three symptoms even though she may be able to recollect a dozen more, and these three should be the most important ones. The first three only will be considered by the reader. A concise and correct answer to this question would be:

1. pulse, rapid; 2. skin, clammy; 3. restless.

One nurse gave the answer in full as follows: "The nurse notices that her patient's pulse becomes weak and rapid; he grows restless and tosses about the bed; he complains of being cold and he feels damp." The latter answer is just as correct as the former but no more so and has this disadvantage when being rated, that it is easy to overlook a point when that point must be culled out from amidst many unnecessary words. One of the best answer papers on bacteriology and surgery in the recent examination covered only two sheets. Another forced the examiner to wade through eight pages of useless words to find the meat in the answers. If there were six papers to rate these items would seem less important for more individual consideration could be given to each. At present we are discussing the methods of training for an examination adapted to a large group.

3. Logical sequence in answers. In rating answers examiners must take logical sequence into consideration. The obviously important item should take precedence and the others follow in the order of their importance. Let us consider a question in a recent examination. "In what ways may medicines be administered in order to insure their most rapid absorption? Write, "Infusion, hypodermically, stomach, rectum, skin" if these are the points you wish to draw out. Do not say, "stomach, hypodermic, rectum," etc. There is little doubt but that any trained nurse in emergency would, instinctively and with-

out hesitation, know just how to get the drug home most rapidly. She must however when fitting herself for an examination learn how to express that instinct on paper in a way that will be perfectly clear to the examiner.

4. Definiteness in expression. Much trouble comes from blind answers. Question 4 in Materia Medica in the examination of June, 1915, read, "If you had a drug in a bottle marked m x=gr. 1/80, how would you estimate a dose of gr. 1/25?" One nurse wrote, "Multiply by your minims x and divide by dose." It is quite possible that this nurse would have worked the problem out correctly but how could the reader give it any consideration?

The following hackneyed, meaningless phrases are almost worse than no answer at all. "Watch the patient carefully." "Follow the doctor's orders." "Watch pulse." One group of nurses persistently answered the question, "What is asepsis?" by saying "Asepsis is the well earned reward of faithful disinfection." Evidently the lecturer in an unguarded moment had tripped into giving this catchy phrase. That it was never intended to be taken as a full definition was made clear by the answer of one of the group, who wrote, "Asepsis means without germs. It is sometimes defined as the well earned reward, etc., etc."

5. Practical demonstrations using modern methods. The test in practical work is considered both the most important and the most difficult to conduct satisfactorily. It does not follow that the woman who can write the best paper in theory is therefore the most acceptable in the sick room. I am confident that each of us has had personal experience with some non-graduate nurse whose gentleness, solicitude, skill, and deftness have made her an invaluable assistant in the home where sickness was present. We also have had experience with some thoroughly educated, registered nurse whose personality was irritating and whose fingers seemed all to be thumbs, but who could give a clear definition of any medical term and who could prove positively that the thing she wished to do was the most logical and altogether the only thing for the good of the patient. At the same time we were supremely conscious that less logic and more nursing would help the situation. These facts we know all too well, but I beg of you not to misunderstand me. We do not want less logic, less theory. We want more of the right sort. If theory is the science of the principles that underlie practice and if practice is the carrying out of these principles in their logical application, then, in order to make our cycle perfect, we must develop both our theory and our practice to their highest degree. The

ideal nurse, the super-nurse, will combine education, skill and personality in their perfection.

The question before us is that of examination, how to measure qualities when deciding the fitness of a woman for this profession. Theoretical knowledge can, to a certain degree, be tested through the medium of an examination. The more subtle qualities of personality, gentleness, compatibility, and that elusive something that inspires immediate confidence, cannot be weighed by any known system of examination. However, some estimate of the more tangible qualities of deftness, accuracy, imagination, resource may be formed through the medium of the practical test. It is not necessary to call attention to the fact that an habitually untidy nurse declares herself in her class at the first step of a practical demonstration. With almost the first flick of the undersheet, deftness is declared, and before it is well in place the trained observer has a very definite impression of accuracy and can tell to a nicety whether the bed will be finished with neatness and dispatch. Deftness, neatness, quickness, accuracy, these qualities are demonstrable; but how about the others we have mentioned, imagination, sensitiveness, resource, initiative, more elusive but not without importance? How are they to be gauged? Through the practical test. They are laid bare before the eyes of the examiner with much more clearness than might be supposed, and it is because of their possibilities that much of the importance is attached to this practical demonstration.

To pass a practical examination successfully the imagination must be brought into play. As imagination is a valuable asset to a nurse, it is worth while for more reasons than simply the ordeal of the examination to spend time in its development. I have known a nurse to so successfully imagine the dummy to be a real patient that she even took the temperature of the day into consideration when preparing the blankets for a bath. The technique in handling culture tubes, swabs and tongue depressors can be effectively demonstrated with the aid of a little imagination even though the throat must be represented by a tilted china cup. Nurses who have had some preliminary experience in the exercise of their imaginative faculties are less disturbed by this element in the final test. Then there is the question of resource. How is it possible to bring out this quality in a pen and ink examination? And yet what more valuable gift to a nurse in a tight place? The one who made an ice-bag for a mastoid out of her own kid glove proved her claim to a resourceful mind.

In like manner sensitiveness and initiative are incidentally dis-

played by a demonstrator, all unconscious of the truths she is telling about herself.

6. Practical demonstrations of partially obsolete methods. To one more practical point we wish to call attention for the sake of those who are fitting nurses for this especial registration examination. There are certain methods of procedure that are now obsolete in some of the advanced hospitals and yet are used in general practice to an appreciable degree. I refer to such treatments as dry-cupping, poulticing, sweat baths, etc., etc. There are also experiences that are frequently lost in large, highly organized institutions: viz, the making of per cent solutions from a common stock, computing doses from tablets or pills, making mustard plasters and many other sick-room undertakings. Experience in these procedures must be gained in the class room if the medical staff has ceased to use them in the wards, for they are things often of infinite value to a nurse in after life. They can be taught in the class-room, if not adequately, still with result, as we can testify. "I have never seen cupping in the ward" said a nurse to me, "but I recall that our instructor gave us a lesson on it." She took the cups in her hands and carefully thought out the process. Her movements were slow and lacked the assurance that comes through practice, but her understanding of the principle was evident and I had no hesitation in giving her full credit for the question. Her intelligent action assured me that she would not stop there but that she would acquire all that was needed for the effective performance of the act with as much comfort to the patient as was possible.

A great draw-back to the practical demonstration is the old fashioned bug-a-boo, stage-fright. Nurses who carry themselves with self control and dignity in any emergency of the ward or operating room seem to lose all balance when they appear before the examiner. This will never do. We expect the nurse who is to be the guide in grave matters of life and death importance to be so conscious of her ability to cope with the situation that self consciousness, the basis of stage-fright, can find no loop-hole for entrance. What can the training school do to help the pupil over this stumbling-block? Might not this difficulty be overcome in part by frequent demonstrations in unfamiliar surroundings, and supplied with unfamiliar utensils? The phraseology of the accustomed instructor should be exchanged for that of a stranger if the experience would be made most valuable. Possibly instructors of different schools might exchange for the event or, better still, the class might be sent to the instructor and be examined on alien ground. If such an exchange could be effected once or twice a year it would

help the nurses to keep their poise and to do themselves justice at the state examination.

A last and very important point is to let the nurses understand once for all that the examiners have no one procedure in mind. There are, I was about to say, as many ways of making a bed as there are nurses to be examined. The only requisite from the standpoint of the examiners is that the act shall be done with skill, thoroughness and comfort to the patient, and with no unnecessary shock or exposure. It is to such points as these that the attention of the examiner is directed.

NITROUS OXIDE IN CHILDBIRTH.—In a paper in the *Medical Record* the writer observes that he has not been able to ascertain a single danger to mother or child in nitrous oxide analgesia. It is an efficient means of relieving the pain of childbirth, its use makes more efficient the expulsive powers during the second stage, thereby shortening labor; by decreasing fatigue it hastens the convalescence in the puerperium; it can be given efficiently in the home and is within the reach of even those of limited means.

THE BACILLUS EPILEPTICUS.—A writer in the *Journal of the American Medical Association* says that epilepsy is an infection depending upon a specific spore-bearing organism. As it invades the system through the alimentary canal, constipation is a very essential factor in the causation of epilepsy.

ACUTE POLIOMYELITIS

By EMMA MOYNIHAN, R.N.
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At a recent gathering of nurses in St. Paul, the question was asked, several times: "Who can tell us something about anterior poliomyelitis?" This interest may have been aroused by the alarming prevalence of this dread disease in certain sections throughout Minnesota, the epidemic lasting from August 1, 1915, when the first case was reported, until November 23, following.

In our own county, within a radius of ten miles, there were fifty-nine cases. At that time, I was working with Dr. Moynihan, health officer of this and several surrounding communities, and was fortunate enough to see some very interesting cases. Thinking that other nurses may be glad to know something of the nature and care of this disease, I am setting down what we have learned. Dr. Chesley, of the Division of Preventable Diseases of the Minnesota State Board of Health, very kindly furnished me with the statistics and a list of references.

Acute poliomyelitis is a rapidly developed inflammation of the anterior horns of the grey matter of the spinal cord, occurring suddenly in children, occasionally in adults, characterized by mild fever, slight cold, or sore throat, intestinal disturbances, tremors, twitchings and paralysis of groups of muscles, followed, generally, by a considerable degree of spontaneous improvement, except in certain groups of muscles which may remain permanently paralyzed and undergo a rapid and marked atrophy.

Like cerebro-spinal meningitis, it is endemic throughout the United States. Sporadic cases are likely to develop in any community and, under certain unknown conditions, the disease becomes epidemic. Auerbach claims that one attack does not preclude a second, though it has been shown that a district ravaged one year, was spared the following. A study of reports of epidemics would indicate "a lack of repetition in identical communities but repeated outbreaks in certain general vicinities."

This disease seems to follow along great travel routes where there is prolonged exposure to animal, especially horse, feces. It is more prevalent among rural than city dwellers and while the particular child

affected may be exceptionally robust and active, with a good appetite for a general diet, it is, as a rule, not the children of well-to-do parents who are afflicted, but rather those living in neglected localities, having no idea of food values, and largely of foreign extraction.

Epidemics usually occur during the hot, dry, dusty months of June, July, August, September and October which time is also the period of greatest activity for the fly, especially the stable fly.

The theory that the virus may be contained in dust is borne out by our own experience here in Sauk Center. On September 13, 1915, a young man employed in a bank was taken down very suddenly late in the afternoon. At almost the same hour a small child, who later died, showed identical symptoms. There was no history of exposure in either case and it may have been a mere coincidence, but ten days before we had been visited by a severe windstorm during which great clouds of dust swept down the streets.

Heredity has no effect in the production of this disease which is, as a rule, only slightly contagious. Dr. Greene, in his report for 1913 to the Minnesota State Board of Health, states that in 280 families, 1583 persons were exposed to 275 initial cases and out of that number only 25 developed poliomyelitis after the initial cases appeared. Only one case developed in 263 families, 2 developed in each of 14 families, 3 in each of 3 families and none had more than 3.

Dr. Simon Flexner of the Rockefeller Institute, claims (and it is the accepted belief) that the infection gains entrance to the system through the mucous membranes of the nose and throat. It is then carried by the lymphatics to the spinal fluid and thence to the nerve tissues. The exact nature of this virus is unknown but it is probably some germ too small for our present microscopes. Dr. Flexner has proved that this minute organism can be filtered through unglazed porcelain and that spinal fluid, withdrawn before paralysis occurred, has caused a like infection in monkeys. This virus produces an inflammation which causes crowding and the subsequent destruction of certain nerve cells, the destruction of which means loss of function in the nerve and paralysis of the muscle which that nerve controls.

While little is known of the exact mode of transmission, the nose and throat secretions, and possibly bowel and bladder discharges, are thought to contain the germ, and there is the greatest danger through contact with mild abortive cases where no paralysis exists or with a possible healthy "carrier." It is hard to say who a "carrier" is but it would seem to be some one who has been in contact with a case of poliomyelitis. Such a person should keep away from children for at least two weeks after the last exposure.

The death rate in this disease is usually low, sometimes as low as 4 per cent. The present epidemic in New York, however, is characterized by a particularly high death rate, approximately 25 per cent, I believe. While the disease may not be fatal, the deformity resulting may range from a mere feeling of great fatigue and a refusal to move about for a few days, to complete paralysis of one or both legs or a general paralysis of both upper and lower extremities and more or less of the trunk, or of one upper and one lower extremity, or of the throat, or of one side of the face.

In the epidemic around St. Cloud, 56 per cent of the paralyzed cases were under five years of age and 81 per cent of all the cases were under ten years, though this is not entirely a disease of childhood. Twenty-seven abortive cases gave histories of exposure. There had been picnics, a Labor Day celebration and a county fair just previous to the outbreak, which would seem to substantiate Dr. Flexner's claim that the virus is spread chiefly through contact. Diagnosis of poliomyelitis is not easy until the paralysis appears. It sometimes presents all the symptoms of cerebro-spinal meningitis, but when a lumbar puncture is made and the spinal fluid withdrawn, instead of the typical cloudy, cell-filled fluid, it is clear and colorless; or there may be only slight fever and some irritability. In one case, a beautiful little girl of three, a physician was not called, as it seemed only a mild intestinal disturbance. On the third day, however, when the fever had disappeared and the mother attempted to stand the child on her feet, she fell to the floor and has been unable to walk without a brace since.

We had a typical case in September, 1915. The patient was a poorly nourished little girl, aged nine, who walked two miles each day to and from school, taking a cold lunch with her. The day before, she had been in school as usual. During the night she had a chill, temperature of 103°, and complained of severe pains in the abdomen. Repeated doses of castor oil gave no results. The following day calomel in small doses was administered and still no results. The temperature ranged from 101° to 103° and the pulse was about 120. There was pain in the abdomen, severe, slight sore throat and cold in the head.

The doctor, who was out of town when first called, saw the child on the third day. He found the abdomen distended and rigid, pain severe, nausea and vomiting, and still no bowel movement. Hot turpentine stupes were applied and a high enema given. Good results were obtained and the distention subsided, the abdomen becoming soft. On the fourth day she complained of a slight stiffness in the neck, pain in the back on moving and inability to move her legs, which were

cold and clammy. She was slow in urinating, though the bowels had now moved freely.

On the fifth day she was unable to urinate and from then on was catheterized. She had no control over the bowels and both arms were now affected. The head was slightly drawn and the wasting of tissues was marked. During all this time there was no delirium, only a fretful irritability.

On the sixth day the respirations averaged 40. (This indicated an involvement of the respiratory muscles and is a grave condition.)

From then on until she died, ten days after the appearance of the first symptom, there was no change and no improvement.

Another case is reported from St. Cloud. It demonstrates how very sick a patient may be and still make a complete recovery. A young man, aged 24, was taken suddenly in the night, manifesting all the symptoms of acute appendicitis. He was hurried to a hospital in an adjoining town. The blood count showed no leucocytosis. There was, however, severe abdominal pain localized in the lower right quadrant, fever and vomiting. Though there was small hope of his recovery, an operation was deemed advisable. The intestines were found mottled like a beginning thrombosis of the mesenteric artery but there was no local lesion, the appendix being normal. Thirty-six hours later, paralysis of the lower extremities was evident. Both legs, the bowels and bladder were involved. He remained seven weeks in the hospital and it is now ten months since the appearance of the first symptom. He is back at work, and walks without a cane, a slight dragging of the right leg being the only after-effect.

I know of no disease, aside from typhoid, that so requires trained nursing, but unfortunately, the families afflicted are usually unable financially, to employ a nurse.

Isolation is the first consideration. The nose and throat secretions, as well as the bowel and bladder discharges, must be disinfected before being disposed of. Flies and all domestic animals must be excluded. The case should be immediately reported to the health officer and if there are other children in the family, they must be removed from school at once.

The period of incubation is thought to vary from a few hours to as much as twenty-three days, so that no child from an infected family should be permitted to return to school for at least three weeks. Dr. Kling thinks that the virus soon looses its virulence, while Doctors Lucas and Osgood claim to have found it in the nasal secretions four months after the acute stage had passed.

There are certain mild abortive forms of this disease which manifest all the symptoms, except the paralysis. Such cases are most dangerous agents in the spread of the disease.

The treatment during the acute stage is to relieve congestion as much as possible by free but gentle catharsis. Calomel, syrup of rhubarb, and castor oil are good and some doctors order a saline. The child should be urged to urinate at least every four hours.

As the fever seldom goes higher than 103°, the patient should not be disturbed to give frequent baths. Should it rise higher, however, or the child be very restless, sponging with warm water is advised. Cold sponging and cold applications are best not employed in this disease, as they have a tendency to increase the congestion of the central nervous system.

In all cases pain must be controlled. For a young child, deodorized tincture of opium, gtt. i, every hour till five are taken or until the child is sleeping or quiet, is a good method.

The sick room should be quiet and darkened and removed as far as possible from all household activities. No visitors, of course, should be allowed and unnecessary talking and moving about should be avoided.

During the acute stage, food should not be pushed but water may be freely given. Later, milk, cereals and all starchy foods are indicated and the child should be urged to eat, as the best means of repairing the enormous tissue waste.

Local treatment during the acute stage is simply keeping the affected parts at rest. Sand-bags beside the head and body and cushions to keep the limbs straight and the feet in position are important. The foot should always be at right angles to the leg, which should be held in such a position as to prevent pulling on unaffected muscles.

Paralysis of the leg is about four times as common as any other form and the quadriceps is the muscle most frequently affected. Next comes the tibialus anticus and the anterior muscles of the lower leg. Gentle massage may be begun early in the subacute stage. It is a great aid to the nutrition of the affected parts. The child should be encouraged to make every effort to move the limb, as a voluntary contraction is of much greater value than any amount of passive reaction.

Electricity should never be applied until all active inflammation in the cord has subsided which is usually from three to eight weeks. If the muscles do not react to the faradic current, the prognosis is grave.

However, the greatest improvement is caused by rest in bed, fresh

air, good nourishing food taken frequently, warm baths and graded exercise.

Muscles regain their tone even after a year though there is, as a rule, really little improvement after two years.

In a disease about which so little is known, a nurse should make every effort to assist the doctors in their untiring efforts to locate the exact cause and mode of transmission. Each little detail and any unusual symptom should be noted and reported, as it is the little things that count in the long run.

EXPERIENCES OF A PUPIL NURSE

BY LOUISE N. HAZLEHURST, R.N.

Macon, Georgia

A patient was admitted to the ward from south Georgia, a veritable "Georgia cracker." When I told her to get into the tub, she was amazed and said, "I see plenty of hole here, but nary a plug." I explained the mysteries of the bath tub and then she replied, "You want me to streep and get into that thing?" I told her to streep and be in the tub when I returned with her gown and towels. Imagine my amazement when I entered the bathroom and saw the poor little emaciated creature, huddled up, "streeped" and in the tub, with a forlorn little green hat, with purple feathers, the worse for wear, adorning her head.

A boy of five summers was admitted to the Out-patient Department, accompanied by his mother. The attending physician requested me to prepare the child for examination. When the mother observed that I was expected to undress him, she exclaimed, "Nurse, don't do that, he is sewed up for the winter."

As a probationer, I overheard a conversation between two little fellows who had swallowed potash with a resulting obstruction in the oesophagus and who were known as The Little Oesophagi. One said "Nick, does you know what the new nurse's name is?" "Sure I does, her name is Miss Hazle-Nurse."

A SANITARY CONTRIVANCE ADAPTED TO THE HOSPITAL AND THE HOME

By PETER F. QUINN

Chicago, Illinois

The holder (figure 1) is an eye-bolt with a pointed screw which is screwed into the cork as shown in figure 2. The medicine dropper is then placed in position shown.

In case the bottle is smaller than the dropper, the height of the dropper can be regulated by attaching a rubber band around the glass tube, as shown in figure 3.

The details are clearly shown in the accompanying sketch and can be easily understood and applied.

SOME SUGGESTIONS FOR SCHOOL NURSING IN A SMALL TOWN

By AMY F. LOWE, R.N.

Paducah, Kentucky

School nursing in a small town has very much the same problems that a large city has, only they very often have to be dealt with differently.

In a large city, school nursing is usually under the control of the Board of Health and some small towns have adopted the same system; but more often it is under the control of the school board and directed by a special committee on hygiene. Both systems have their advantages and disadvantages. If the city has control, the nurse is more likely to have the help of a medical inspector on whom she can call at any time and to whom she can refer all questionable cases. She is directly responsible to the Board of Health for all she does and that is her court of last resort when necessary.

A medical inspector will greatly lighten the nurses' work, by doing the physical inspections and making daily calls at the schools to diagnose suspicious cases.

When the school board has control of the work the nurse has to be her own medical inspector, though she may not claim that title. As inspector of hygiene she will do, to all intents and purposes, the same work that a medical inspector does. By this method she knows her follow-up cases at first hand and that has many advantages over the medical inspector method. The latter, of course, means a double duty. Being under the school board allows more latitude for the nurse. If she is original (and she should be that), she will plan her work so as to get best results from her time.

A routine planned by someone else and strictly adhered to does not allow a free treatment of the situation. Happy should the nurse be who has the full confidence of her school board. She is paid to be an executive and should have executive ability and should use it conscientiously. The school nurse who needs watching, should not be a nurse at all. The position she holds is one of trust and she should be worthy of it.

One needs to go into a small town with an open mind, open eyes and ears, but a closed mouth on local conditions regarding her work; but open and well prepared on the work she is going to do. (I would like to add, just here, that the nurse who has done private nursing for some

years will need to learn one thing and the sooner she learns it the easier it will be for her, and that is, though she is an authority in her line of work, she cannot be an autocrat. Private nursing tends to make one such.) School boards are not families anxiously waiting for the recovery of a loved member and ready to do anything that the nurse may suggest for the patient's good. They are a more or less deliberate organization which meets once a month and may coolly lay on the table, or under it, the nurse's most cherished plans for bettering school conditions. She must not be discouraged, however, but keep her plans, not only in her own mind, but in that of the board, as tactfully as she can; usually, through the superintendent or some member of the hygiene committee. She must stick to the minor details of her work, faithfully, and as results begin to show in that, the larger things will be added.

One thing that some school boards and the public in general do not like, is radical treatment. Nurses are always radical. The Public Health nurse will have to remember that the work she has set out to do is a new type of work to the people with whom she has to deal; it cannot be done in days or weeks. It will take months and even years before she sees the results she expected to accomplish in a shorter time. Someone has well said that it takes three years before definite results are seen in any kind of work.

The school nurse has also to remember that her work is not the *most* important work of the day to either the principal or teacher; their work is teaching, but they will soon learn to give the right kind of coöperation if they find they are not being forced into it and that the work is being earnestly undertaken.

The same may be said of parents; they are more ready to coöperate when a condition and its results on the future, as well as the present, of the child, has been made clear to them; there has to be a process of "seeping in" which takes time. If they are advised, but not urged too strongly, at first, a second visit will often get results that would not have been gotten if a more pronounced attitude had been taken.

The nurse will hear so many criticisms of the methods of the school board and local organizations, such as parent-teacher clubs, Young Men's and Young Women's Christian Associations, in fact, she will find someone ever ready to show up what is considered the poor management of almost any organization in town. If she stands ready to defend these organizations on their own merits, as she has found them in other towns and makes a careful investigation into the way they are run in the town she has just entered, and what help she may expect to get from them, she will have fewer criticisms of her own to regret.

Welfare organizations of all sorts are always being criticised by the unenlightened. Even the nurse's value to the community will be by some; but a few practical demonstrations of the results of her work will usually suffice to convince them.

Unlike the visiting nurse, the school nurse is not always wanted. The visiting nurse is sent for in time of distress and sickness, the school nurse goes into a home to stir up other conditions that may be known but not acknowledged, even in the family. Her visits are often considered an interference in family affairs. The idea has to be dispelled and can be when it is made plain that she comes in the spirit of friendly coöperation. It is sometimes hard for parents to understand that a stranger can have as much real concern over a child as they do, themselves. Very often the nurse's concern is much greater than that of the parents.

It would be well for her, as soon as she has gone over her own field of work, to investigate the methods of organizations whose co-operation she will be likely to need. The Young Men's Christian Association can do many things for boys of all ages and the Young Women's Christian Association for growing girls whose social problems are hard to solve. The methods of relief agencies, whether bureau of charities or county relief, should be understood and a friendly footing established with them. If it is understood by all that she is a worker for the general good and not a distinct organization, going her own way regardless of those others who are also interested in public welfare, their interest and co-operation in her work is assured.

It is often surprising to find how many people there are who have not a good idea of what Public Welfare means, much less the work of the school nurse. One of the oft repeated questions is "What do you do in the school?" It is an embarrassing question to one who has been in the work for some time, because the work covers so many phases of child welfare that a great deal of it is not done *in* the school at all. Just a few of the most effective features can be picked out to satisfy their inquiries.

One has also the local medical men to think of; the earlier one can make their personal acquaintance, the better. A glimpse of their general attitude towards school inspection soon comes to light and gives a hint of the best methods to pursue with them. When they realize that the school nurse is not expecting to use all the privileges of a medical practitioner but needs their best co-operation, they are more than ready to lend a helping hand, which she is frequently going to need. The oftener she consults them in her medical difficulties with individual cases, the better she will get along. Especially is the acquaintance of

the eye, ear, nose and throat specialists necessary, as they are the ones from whom the most free work will be needed. A personal introduction by the superintendent of schools or a member of the Board of Education is the most desirable way. By this a plan for a specified time of free office service can be arranged for and each will know just what this plan is and make his own suggestions for the best method.

Thorough investigation of the financial condition of the free cases should be made. To have a reputation for thorough investigation means a great deal in getting free work done.

One objection a nurse will often find, is the establishment of a free clinic; though this is not true of *all* small towns. Sometimes the objections are well founded, but the absence of one makes considerably more trouble for the nurse. If one is situated near a large city where the advice of orthopedic specialists can be had, the nurse can usually manage through some local physician to get an introduction to some of them and she will find that they will gladly help her in that work. Where she is not so situated, the problem is more difficult, but usually some local physician has specialized more or less along that line and can be counted on to help and will devote more time to those cases than one who has not. Such cases are problems anywhere, and cause a great deal of worry and anxiety while under treatment.

The dentists must come in for their share of attention and this is one of the most fruitful branches of the work. The nurse should work with the dentist, always, instead of letting an office girl or some older student do the clerical part of the work. Children carry home distorted stories of what a dentist said or did and cause parents', and sometime other dentists' unfavorable comments. If the nurse is on hand at all times she can always explain and her presence gives confidence to the timid ones. She should read all she can about teeth and ask questions during examinations. Arrange for the dentist to give talks on oral hygiene to several classes at one time, immediately after each examination is finished. In this way the nurse acquires a liberal education in oral hygiene and will soon be able to give talks on that subject, herself. Very few dentists like to give these talks, but they should not under any circumstances be neglected, as some of the most encouraging results in general hygiene can be gotten in this way.

I suppose there is hardly a public school system anywhere, nowadays, that does not have parent-teacher associations. These organizations are amongst the most helpful agencies to the nurse and can relieve her of many problems of clothing, food, etc., for the poor. She will be expected to give talks on the special phases of her own work and perhaps on some other branches of Public Health nursing, if there

are no other branches in the town. She will be called on to give her help in a variety of ways. As sanitary inspector, infant welfare nurse. (in fact, she will do a great deal of infant welfare work in the homes she visits through the school children), tuberculosis nurse and, in fact, in any line of Public Health nursing which is now listed under separate headings.

Contagious quarantine in small places is sometimes not satisfactorily regulated. It is well, if possible, to have a hard and fast rule for each disease, made by the school board or board of health, if the state laws are not being enforced. An inflexible rule is much easier to enforce than a flexible one; the latter brings many harsh criticisms of the nurse who "favors" one family and enforces the law with another.

Temporizing with pediculosis is time wasted, though it is perhaps well to use the "consideration for feelings" method at first. But the hard and fast rule is the one that gets quickest results, though the rule need not be administered too harshly; with the use of larkspur, in schools, on those who cannot be cleaned up any other way, the trouble will be found to decrease rapidly.

The problems of the physical condition of children in small towns are the same as those in large cities. But the nurse will have to rely more on her own judgment than if she had the advice of a medical inspector. If she has had special eye, ear, nose and throat work, she will be well prepared for that part of the work, if she has not, it would be well to read up as much as possible on these subjects and their relation to, and effect on, other parts of the body.

The diet of the growing child is also very important. She will have to regulate the diet of children who come from homes where there is plenty of food. Malnutrition of the well-provided-for child is very common.

As many books as possible on child psychology should be read; this knowledge will help greatly in dealing intimately with children. Such books are: The Conservation of the Child by Holmes; Allen's Civics and Health; Health Index of Children by Hoag; Medical Inspection of Schools by Newmeyer; Gulick and Ayers' books and some of the reports of the International Congress of School Hygiene. There are others which should form a library of reference. If these are not already in the school library, an up-to-date superintendent will supply them when called for.

It is quite natural that every nurse who leaves a training school should, on graduating, follow as closely as possible the methods of her school. These are the ones she knows and were the best for the hospital. So whether she follows private or institutional nursing, she will

for a time use training school methods. After more experience she develops methods of her own and modifies or enlarges hospital methods to suit her needs; but all the time she keeps in mind her training.

The same idea applies to the Public Health nurse who has had her experience in a large city. Its methods can be adapted to suit the requirements of a small town. It is well to keep the work standardized as much as posssible, for sake of comparisons. Full reports of daily work should be kept in some definite form, so that at the end of the year a report in full, can be given if required.

Perhaps I may give a few suggestions of the plan used in one city, the methods being gathered from several sources and those which suited our needs, appropriated. The only class room routine inspection given during the year, was a superficial general examination for skin eruptions, eye or head infections, especially the latter, as the former diseases were rare. In case of a contagious disease started in a class room, at any time during the year, the whole room would be examined for further infection. These examinations were always made outside the class room, in a well lighted place. Later, physical examinations were made, using certain hours for that purpose. The other hours were devoted to incidental inspections, class room talks on hygiene and home calls, etc.

Beginning with the highest and lowest grades and working both ways, picking out for examination children referred by teachers, a good deal of ground can be covered. The necessity of examining the higher grades can readily be seen, as defects discovered then can be remedied before they go to high school or leave school for good. The advantage of examining beginners is gained by having a record of the child's physical condition from the time he enters school to his leaving the grades. A system should be developed as quickly as possible, which can be changed gradually to suit occasions.

In finishing, let me add that the nurse who is interested in her work will find more things that need her attention than the school board ever had any idea existed.

THE ALLEVIATION OF PAIN DURING LABOR[1]

By ALFRED M. HELLMAN, M.D.

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Examination of the early medical literature shows that a desire has long existed for alleviating the pain of labor. In the order of their historical sequence, analgesia was first employed, later anesthesia and more recent is the attempt to have amnesia present during labor as much as possible.

Before considering the value of various drugs and other therapeutic agents that have been employed to produce these three conditions, I will take the liberty of reminding you that analgesia, or analgia, implies relief of pain, or insensibility to pain, and may be local or general. Local anesthesia includes local analgesia. General anesthesia necessarily includes local and general analgesia and amnesia. Whereas amnesia, forgetfulness, is inability of the memory to recall events that transpired while the amnesia was maintained.

Labor if normal is physiological, but the suffering has always been considered something to be avoided as far as is commensurate with safety, and the need of this in practice is increasing with each generation. The fetal head is a trifle larger, the female pelvis a trifle smaller, the uterine contractions a trifle weaker, and the mother's nervous system much less able to stand the shock of a prolonged labor and all that it means.

During the time of Mesmer, mesmerism, or as we now call it, hypnotism, was not infrequently employed to help women during this troublesome event, and now we still use it in the form of suggestion and encouragement at every delivery. Chloral and bromides are valuable analgesics when given to women who are worn out and who cannot continue to deliver themselves. Under the influence of these drugs the patients fall asleep and awaken somewhat refreshed and able to continue their efforts. During the action of the drugs the uterus no further contracts and the labor is entirely discontinued. Antipyrine, in doses of 15 to 20 grains per rectum, in what is known as the Savitsky method, has long been used by a few. It is supposed to

[1] Read at a meeting of the Nurses' Alumnae Association of the German Hospital, New York, December, 1915.

allay the pains without appreciable delay of the labor. It is often combined with tincture of opium. It is advised as a first stage procedure, for under its influence the cervix is supposed to soften and more rapidly dilate. These drugs just mentioned are simple analgesics and are only given for temporary relief. Opium and all its derivatives naturally fall into this group, but as they have other uses, I will discuss them later. Cocain is a drug that also was variously employed in labor. It was used by local application, by local injection, and intraspinously. It is attended with dangers and delays labor. Locally it was ineffective and intraspinously its action wore off after an hour and a half to three hours. The technic of these intraspinous injections is not simple and has potential dangers. These methods have been entirely discarded, but more recently cocain and novocain have been tried as parasacral anesthesia, by injection into the nerve roots at their exit from the sacral foramena. These injections are difficult to make and I cannot believe that they will come into general use. Stovain, after being tried in surgery, was also tried in obstetrics. It was believed to be less toxic and its action of longer duration than cocain, but it too has been discarded. Quinin with urea hydrochlorid by local injection still has a few advocates but it offers little likelihood of becoming generally adopted.

Shortly after the introduction of ether and chloroform these two became very popular in obstetrics, and especially after Simpson, in 1847, applied chloroform in what has since been known as "sleep *à la reine*." Even in those countries where ether became the surgical anesthetic of choice, the obstetricians preferred chloroform. Chloroform has the advantage of quick action, little nausea, comparative pleasantness and ease and simplicity of manipulation. Its chief danger is post-partum hemorrhage. There is also danger of the child being born narcotized. Ether, on the other hand, acts more slowly and is more apt to cause nausea and vomiting. It has been proven to be safer in the kidney complications of pregnancy. It causes less post-partum atony and hemorrhage, and after its administration the infant is less apt to be narcotized. Except in obstetrical operations where deep anesthesia is required, these two drugs are dropped on an open mask with the onset of each contraction, and anesthesia obtained with the height of the contraction "takes the edge off the pain." This can be repeated indefinitely with each pain until labor is completed. If the anesthesia is pushed beyond this point the labor will not progress. Except for the undisputed dangers mentioned above the method is safe, but if used for more than the last few minutes of labor it should be administered by a trained expert.

Ethyl chloride has never been recommended in obstetrics except for operations, or where the head has already protruded so far that the obstretrician can deliver it without the aid of further contractions.

Nitrous oxid-oxygen requires the greatest care in administration. In principle it is used just as is ether or chloroform; i.e., as the uterine contraction starts, just enough gas-oxygen is administered to relieve the point of maximum pain. It should be given only by an expert, whether used for a short or longer time. Its advantages are its rapid action and the rapidity with which the effects wear off. Its dangers are asphyxia of mother and child and post-partum uterine relaxation and hemorrhage. The difficulty of application necessitates the presence of a trained anesthetist besides the trained obstetrician, thereby increasing the expense. The large quantities of nitrous oxid needed also add to the cost.

Before the derivatives of opium were so popular, an occasional dose of opium or laudanum was given as a temporary analgesic. It was found that, whereas it often delayed labor, it was not as persistent in this respect as was chloral, and if not given too near the moment of birth, was not only more efficient but likewise harmed neither mother nor child. When, after an average dose, the labor was completed sooner than expected the child was often found to be slightly under the influence of the opium, with slowed pulse and respiration. When morphin, or narcophin, heroin, or pantopon are used in single doses their effects are similar to those of opium and they act as ordinary analgesics. Morphin, heroin, and narcophin are simple alkaloids of opium; pantopon is a combination of alkaloids and is very efficient.

Quite recently Kapp, of San José, California, has advised the use of heroin in labor. He injects gr. 1/12, and repeats as often as the effects of the heroin wear off. He claims that this method is safe for mother and child and relieves the woman of her suffering, keeping her in a continuous state of analgesia, thereby reducing shock.

During the summer of 1914, Prof. Ribemont Dessaignes, of the French Academy of Medicine, announced remarkable effects from the injection of a new opium derivative, called antalgesin. He claimed that it promptly relieved pain with but slight slowing of the contractions and without harm to the infant. It has since been claimed that the preparation is nothing but morphin in solution. I have tried it in several cases and so far am only ready to say that it is a powerful analgesic, that it does delay labor, that under its influence a certain proportion of babies will be born apnoic, and that I have seen in the mother no symptoms resembling the administration of ordinary morphin, excepting the analgesia.

During the past year, the most talked-of-method for allaying the pains of child-birth has been injections of scopolamin in conjunction with morphin, narcophin or pantopon. In 1902, Steinbuchel suggested the use of the combination of scopolamin and morphin in labor, but he and those who used it after him desired only to obtain analgesia. It was left to Gauss, of Freiburg, to recommend, in 1906, the use of this combination in such a manner as to produce amnesia. This he termed *Dammerschlaf* (Twilight Sleep). The technic, as now perfected and used in over 6000 cases at Freiburg, is as follows:

Before labor starts, the condition of the mother's heart and kidneys must be known, the bony pelvis should have been measured, the fetal heart sounds located and the presenting part of the fetal oval ascertained. After having selected a quiet dark room, and having excluded from it all but those required at the delivery, everything should be put in readiness for the possibility of a hurried forceps extraction. When labor has advanced to where the cervix is two or three fingers dilated and when the pains are recurring every five or six minutes, so as to rule out primary inertia, the patient is ready for the first injection. This first injection will consist of scopolamin gr. 1/150 and morphin gr. 1/4. The scopolamin should be either freshly dissolved or prepared according to Straub's instructions. According to the effect obtained from the first injection the obstetrician will wait thirty to fifty minutes, and if all is going well, give the second injection. This and all succeeding injections will be scopolamin about gr. 1/450 with nothing else. After the second injection time is not important. The indication for further treatment will depend on the amnesic condition of the mother, and on the strength, rate and regularity of the fetal heart.

The memory test should be applied every ten or fifteen minutes and the general condition of the mother and the fetal heart should be constantly watched. With the slightest sign of returning consciousness another dose of scopolamin should be given. As the head is being born the pains increase so that the mother, if not sufficiently deep, will here develop an island of memory. If she is not well under at this time, a few drops of some general anesthetic should be administered.

As the crying of the baby, like any other untoward noise, or a flash of light, is apt to arouse the mother and cause an undesired island of memory, it will be wisest to at once remove the infant to another room. The mother should then be treated like any other parturient woman who has reached the third stage. Such patients are no more likely to bleed than are non-scopolamin patients, but there is this danger: that if hemorrhage does occur the mother may not perceive

it and therefore the watching for this possibility must be more careful. If the baby is oligopnoic it may be resuscitated in the usual manner. After regular breathing has once been established, these babies should be treated like other babies. The puerperium will certainly not demand any more than the usual care.

This method has the objections that its technic is difficult and that it takes all the time of the obstetrician, much assistance, and surroundings that are sometimes difficult to obtain.

Thus we see that where we wish to give the patient a complete rest and where no harm is awaited from a temporary discontinuance of labor, chloral or bromide with or without some opium preparation is very effective. For prolonged use, ether is preferable, unless we can have the advantages of an expert in handling nitrous oxid and oxygen. I feel that in certain hands Twilight Sleep is entirely safe, but its general use is at present quite impossible.

The fact that there is a safe method of allaying pain during parturition would abolish the fear of labor, that in some women becomes an obsession. Such a routine procedure would also have the advantage of preventing the shock of labor that at times causes women to be nervous for years after. According to Crile, if pain and other unpleasant sensations are allowed to travel along the sensory nerves so that they are eventually perceived by the brain-cells, causing hyper- and then hypo-chromatism and premanent damage of the cells, shock is produced. We must attempt to break this line of connection between the shock-producing agent and the brain-cell at some place where we will do no harm and not interfere with the physiological progress of labor. The blocking agent must not be more dangerous than the shock itself. Sensory depressants fulfill the first condition and the sensory depressants, scopolamin and morphin are reasonably safe and act as a mild anesthetic, allaying the susceptibility of the brain. By blocking the painful sensations and making the mother oblivious to her surroundings and preventing the chromatic changes which lead to the injury of cells, those drugs tend to lessen shock.

The ideal method or drug I fear has not yet been found, for to be ideal it will have to comply with the following conditions:

1. It must be sufficiently easy of application so that it can be learned by the great mass of physicians practicing obstetrics.
2. It must not in its application require too much additional time on the part of the obstetrician.
3. It must markedly reduce the pain and the memory thereof.
4. It must not appreciably delay labor.
5. It must not contra-indicate the use of other drugs which may be required during labor.

6. Its unpleasant effects must be less objectionable than the pain alleviated.
7. It must be safe for the mother.
8. It must not harm the child during labor, at birth, or at any future date.
9. It must not cause post-partum atony of the uterus.
10. It must not produce nausea or other subjective disturbances.
11. There must be no deleterious effect on the nursing.
12. There must be no impairment of pueperal involution.
13. Asepsis and antisepsis must not be made more difficult.
14. Shock must be materially lessened.

As stated before no method at present recommended completely fulfills the requirements, but it seems to me that scopolamin and morphin used in strict adherence to the Freiburg technic, until something better is advised, must most often be the method of choice.

I should like to make, in conclusion, a few suggestions of a practical nature from the nurses' point of view. In other words, how can they make themselves most useful to the obstetrician when engaged on a Twilight Sleep case? First and foremost, as at all obstetrical cases, remember that surgical asepsis, reinforced by antisepsis, is all important. In Twilight cases this is sometimes more difficult, because the patient may be restless and irrational and cannot help, hence even more than ordinary care must be exercised. Free use of soap and water, weak lysol and bichloride will prevent many a post-partum rise of temperature. Always keep the vulva aseptically or antiseptically covered. As quiet and subdued light are so important, get everything possible ready on reaching the patient, so that later there will have to be no hustle and bustle that may disturb. Keep your voice subdued and remind others to do the same. Keep out all not needed at the delivery. Allow no sudden noises and no sudden flashes of light and, most important, and what most nurses are not capable of, learn to listen for, to hear and to count the fetal heart sounds. In most cases this is not difficult, especially if the doctor has pointed out the location. If it suddenly becomes more rapid, or suddenly becomes slow, get your obstetrician at once. Finally, watch for the bulging perineum with increased attention, for these labors progress at times so quietly that the caput may be showing and nobody is ready to deliver it because the quiet patient gives no warning sign by unearthly screaming. Not every patient needs this treatment, and the treatment brings more work for the doctor and nurse, but where needed, it is a blessing for the mother and her thanks fully repay the trouble.

A PRACTICAL AND EASILY-MADE KNEE SUPPORT

By IRENE MORTON, R.N.
Kingman, Kansas

I do not suppose I am suggesting anything new, but I have never seen the exact duplicate of our knee support for post-operative cases mentioned in any of the recent JOURNALS, so I am going to tell you how we procured the same at very slight cost.

We took a strip of white oilcloth 66 inches long and 36 inches wide, and joined the ends in a seam on the sewing machine, using a loose tension and a long stitch. Two triangular pieces of the same material,

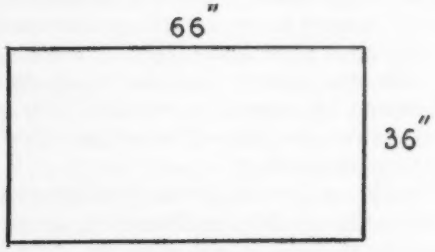

FIG. 1

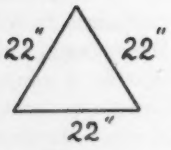

FIG. 2

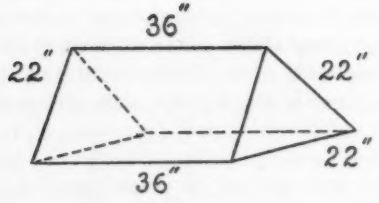

FIG. 3

22 inches each way, were cut and sewed into the ends of the case thus made, the seams being on the outside and bound with one-inch tape. Before sewing the second end in, we filled the case full with excelsior, but were careful not to pack it in too tightly.

Covers of crinkled crepe which need no ironing, were kept for these, and we found them very satisfactory and much less expensive than any other material on the market. The excelsior gives firmness and body to the pillow but does not make it hard and unyielding, as is the

case with many of the patented devices. The oilcloth may be submitted to the same sterilizing process as rubber sheeting, and is less expensive.

As we have several of these supports, some are made 2 or 3 inches longer, that is, the triangular end pieces and the strip are cut 2 or 3 inches longer, to accommodate very tall people.

PARTIES IN THE PRESIDENTIAL CAMPAIGN. The Democratic party is the oldest in the country, dating from Jefferson in 1801. It stands principally for states' rights, tariff for revenue only (not for the protection of industries) and for restricted federal government. It split on the slavery question and the Republican Party rose with Lincoln. This party stands for a strong federal government, a protective tariff, and a more active foreign policy. In the present campaign both parties stand for the same great issues, chief of which are Americanism, preparedness, woman's suffrage and an expert tariff commission; though the viewpoint on these matters differs. For instance, Hughes has endorsed woman's suffrage by an amendment to the Constitution, and Wilson by state legislation.

The next two oldest parties are the Prohibition and the Socialist but they are too few in numbers to influence the presidential campaign.

The Progressive, the third largest party, for the present campaign, has largely followed Roosevelt's example, who gave up its candidacy to affiliate with the Republicans, hoping thus to defeat Wilson.

The Woman's Party, the first in history, is new this year. It represents many of the 4,000,000 women of the twelve voting states and was organized to work only for the passage of the Susan B. Anthony amendment to the Constitution, giving women the suffrage.

DISEASES OF THE NOSE

By CHARLES R. C. BORDEN, M.D.

Boston, Massachusetts

Continued from page 1087

Asthma. Asthma is a disease of the bronchial tubes. The symptoms of the disease are too well known to you to need further explanation. It may surprise you, however, to learn that many cases of asthma are greatly influenced by diseases of the nose. Many asthma patients have partial or complete loss of nasal breathing and usually have in addition, the various catarrhal symptoms previously mentioned. When sufferers from asthma are influenced unfavorably by the weather, the nasal condition may be justly suspected of being a contributing cause for the asthmatic attacks. We may go even further in certain instances and say that the nasal condition is the sole cause. To prove this assertion may be cited the following case. On the day before this article was written, a woman came to my office whom I had operated upon three years before for the relief of asthma. The operation consisted of a thorough removal of the ethmoid cells. The patient obtained complete relief from all asthmatic symptoms for nearly three years. She neglected the after treatment and care which is very important in such cases. As a result of the neglect, the asthma returned during the past few weeks. Examination of the nose revealed the presence of small polypi and granulation tissue, together with more or less thick secretion. Proper treatment of the nose will doubtless free this patient again from her asthmatic suffering. I do not claim for a moment, that all asthma is due to disease in the nose; many cases have no connection with the nose whatever. Every case of asthma should have a thorough examination of the nose however as many cases are influenced to a considerable extent by the nasal condition. Asthmatic attacks which are worse or more frequent, in cold, damp weather should be regarded as of nasal origin or under nasal influence until a thorough examination by a specially trained observer proves it to be otherwise.

Hay fever. Hay fever is a disease of the nose characterized by a violent swelling of the tissues within the nose. The prominent symptoms of the disease are more or less constant sneezing, profuse watery discharge from the nose and not infrequently from the eyes.

Hay fever is undoubtedly an anaphylactic disease. Anaphylaxis

is a peculiar susceptibility which certain individuals have to being violently poisoned by certain substances. Eggs, nuts, fish and many common protein substances are violent poisons to certain people and they produce marked systemic reactions after being absorbed. I have a friend who is violently poisoned after eating a single nut of any kind.

Until very recently, hay fever patients were supposed to be poisoned by the pollen of plants of various kinds, particularly golden rod and rag weed. Recent experiments have thrown a new light upon the subject and brilliant results are expected to be brought about by new methods of diagnosis and treatment in the near future.

Hay fever is present in different people at different times. The so-called "rose fever" is present in New England in June. The usual hay fever attack comes about the middle or latter part of August and remains until "after the first frost." Certain types of hay fever attacks arise from the presence of animals in the patient's vicinity. Cats and horses are the animals most frequently accused in this respect. This seems rather ridiculous but there is little doubt but what it is more or less true.

Certain mal-formations within the nose tend to produce hay fever attacks and a careful examination of the nose should be made in every case. With abnormal conditions present in the nose, proper surgical treatment often produces marked relief.

Nasal hemorrhage. Hemorrhage from the nose is a very frequent occurrence. It varies in the amount of blood lost, from a slight trace to many ounces, Slight, but frequent hemorrhages are often annoying and the violent ones are not infrequently fatal.

Slight, but frequent nasal hemorrhages are often due to a tiny, broken blood vessel somewhere within the nose. The hemorrhages occur when exerting oneself or when hurrying. One of my cases had had such hemorrhages for twenty years. They were very annoying as they usually occured at most inopportune times. A small, broken vessel was found upon the nasal septum. After the vessel was cauterized no further bleeding occurred.

Violent hemorrhages occur occasionally after surgical operations upon the nose or following accidents to that organ. It is often difficult to stop such hemorrhages and occasionally patients bleed to death in spite of all efforts to overcome them.

Elderly people, particularly men, have nasal hemorrhages which are often very alarming. They begin without warning and are difficult to control. Patients suffering from kidney, liver and heart diseases are liable to severe nasal hemorrhages. *High blood pressure and*

hardened arteries are the special causes for nasal hemorrhages in advanced age.

"Bleeders" are persons whose blood lacks the clotting power of the normal blood. Such persons are subject to extreme loss of blood from trivial causes. They have died from hemorrhages following a slight cut or the extraction of a tooth. Surgical operations performed upon bleeders are exceedingly dangerous procedures. True "bleeders" are comparatively rare but unfortunately they do exist.

Slight nasal hemorrhages usually stop themselves. Grasping the tip of the nose firmly between the fingers and continuing the pressure for a few minutes will usually stop the mild ones. The average hemorrhage will soon cease if one holds the head forward and allows the bleeding to continue undisturbed. (Violent efforts to stop the bleeding usually make the hemorrhage worse.) The severer types of hemorrhages often require packing of the nasal cavity to control them. This is a fine art and requires experience to successfully secure the desired result. Unskillful packing of the nose only serves to increase the hemorrhage. A solution of adrenalin if properly applied often serves well, but this is a treacherous method, in as much as the hemorrhage is apt to return after a few hours. In the absence of other means of control it serves very well until skilled help may be secured. Never use Monsel's solution in the nose to stop hemorrhage. It forms a cinder-like clot which is almost impossible to remove. Don't allow patients to bleed a quart or more of blood before sending for help. When patients lose blood enough to be dangerous they usually faint. This is nature's method of dealing with the situation and it usually works well. When patients have fainted from loss of blood don't *stimulate them with strychnia, digitalis, etc.*, and *don't elevate the foot of the bed.* Either method is prone to cause the hemorrhage to begin again and the renewed loss of blood will be more apt to prove fatal than the faintness which was present and which had caused the bleeding to cease.

High blood pressure is an important element in hemorrhage cases in advanced age. Hemorrhage of course reduces the blood pressure for the time being but the increase soon returns if the condition is due to lesions in the heart, liver or kidneys. As the blood pressure increases, the hemorrhage is apt to return.

Foreign bodies in the nose. Foreign bodies in the nose are not often encountered, but when they occur they become matters of importance. Young children occasionally succeed in their repeated efforts to force small articles into their nostrils. Unless pain results, the child is apt to forget to tell of the occurence or is too ashamed or frightened to confess it. After a time a chain of symptoms appears, one or more of

which may be alarming. The first to appear is a one-sided nasal discharge which resembles a severe cold. Later, elevation of temperature may result with the usual symptoms which go with fever. I recently removed a coat button from an eight-year-old boy's nose. The child was brought to my office for a supposed chronic cold in the head. The suspicious one-sided discharge was present and the end of the button was easily seen upon looking into the nose. It was removed without difficulty and the child appeared not at all surprised when it was shown to him. Later he confessed he knew it was in the nose and told of putting it in nearly six months before.

I knew of another case in which a shoe button was finally removed from the nostril of a baby. For some time previous to its removal the child was considerably prostrated. The true diagnosis of the child's condition was not made for some time and it was only when the presence of the foreign body was detected that the nature of the illness was at all understood.

The symptoms of foreign bodies in the nose are, as stated before, the one-sided discharge and occasionally fever. The diagnosis is established by detecting the body by means of a probe. Occasionally the body can be seen, but inspection alone is by no means to be depended upon. Removing foreign bodies from the nose is usually much easier than from the ear or larynx. In young children, it is frequently easier and safer to etherize them before removal is attempted. Foreign bodies in the nose may be mistaken for nasal diphtheria. The nasal discharge seen in the latter disease is usually from both nostrils while in the case of the foreign body it is from but one side. When doubt exists as to which is present a culture should always be taken.

Abscess of the nasal septum. Abscess of the nasal septum is not a common disease but it occurs with sufficient frequency to make it important. It consists of an infection of the septum with formation of pus. It is a dangerous condition in as much as it may, if undetected, destroy the cartilaginous portion of the septum and thus cause the nose to assume a flattened position upon the face due to the destruction of the natural frame which holds it in its normal contour.

The most prominent symptom of abscess of the septum is an absolute closing of both nostrils, with or without fever. As this symptom often occurs with a severe head cold it is often mistaken for that. The true diagnosis is made by inspection and by testing the swollen areas with a probe. In ordinary inflammations of the nose, the swelling occurs in the turbinates which lie upon the outside of the nostrils. In this case the septum is soft and boggy to the touch, due to the confined pus which is usually considerable in amount.

Abscess of the septum usually follows injury to the nose in children, but among adults it is occasionally seen without apparent cause.

The treatment of abscess of the septum is more or less difficult. Free incision is called for and quickly evacuates the pus. But due to the enormous healing power of the nasal tissues, the incision soon closes. It is usually necessary to cut away a part of the mucous membrane and the periosteum which forms the abscess wall in order to provide the necessary free drainage for a sufficient time to overcome the abscess condition.

A stirring little scene was witnessed outside of Buckingham Palace recently, at which the King and Queen attended, when nearly one hundred nurses were decorated with the Royal Red Cross Medal. As the recipients were leaving there was a tremendous roar from some thirty wounded soldiers who had come from Westminster Hospital specially to greet Sister Farrington, who has had charge of three wards in which wounded soldiers are quartered. "The whole thing was a complete surprise to her," said one of the disabled heroes. "We organized it a day or two ago, and nobody breathed a word about it to her. Some of us got out of bed for the first time since our arrival to go and give her a cheer. We went in chairs and on crutches, and, those of us who could, on foot. She has helped to save a good many limbs for us."

FIVE SECTIONAL CONFERENCES ON TUBERCULOSIS

Sectional conferences on tuberculosis will be held during the month of October in New Haven, Conn., Louisville, Ky., Jackson, Miss., Newark, N. J., and Albuquerque, N. M., under the auspices of The National Association for the Study and Prevention of Tuberculosis, according to a bulletin issued recently.

Anti-Tuberculosis workers are urged to make plans to attend the conference in their own district or the one nearest to them.

Information about any of the conferences may be obtained from the office of The National Association for the Study and Prevention of Tuberculosis, 105 East 22d Street, New York.

CARE OF THE HANDS

By L. E. EUBANKS
Seattle, Washington

Almost any one may have admirable hands. Not all can have artistically beautiful hands, for this presupposes correct bony formation, a feature unchangeable after maturity; but the color, the condition of the skin and nails, strength and grace—these are qualities of the hand over which we have control. Exact agreement with the sculptor's requirements is less important than these matters, which go to make the hand an expression of character. Your progenitors decided the size and general conformation of your hands, but it rests with you to make what you have as perfect as possible. "Your hand, it is a woman in itself."—Browning.

Care of the hands will require a little of your time each day, but you will be well rewarded. Such attention is no whim of vanity but a part of the earnest cultivation of beauty, health, expression, character. Today the woman who does not glory in and cultivate her charms is an anachronism—she belongs far back in the misty past.

Only a trifling expense will be involved. You will need besides resolution which costs nothing but is the hardest thing to keep a slender, curved scissors, a nail cleaner, nail file, an orange-wood stick, a chamois polisher, an emery board and some nail-bleach, paste and powder. Add to these a pure, non-irritating soap, a broad, soft brush and a jar of peroxide cream, and the outfit is complete enough.

Before the nails are manicured the finger-tips should be held in warm water for several minutes. This facilitates filing. Leave an extension of about one-sixteenth of an inch beyond the finger-tip. Operate the file gently, stroking toward the centre. Stubby fingers may be given more length, in appearance, by leaving the nails a little long. On long, thin fingers, they should be filed well back. Do not work the nails to a point, and never cut them.

In turning back the cuticle, it is best to use a cuticle knife, keeping the beveled edge toward the cuticle. Be careful to avoid scraping the nails. The more the cuticle is cut the harder it becomes to keep it back; do not cut it except when loose portions make it really necessary.

To remove stains from the nails use the orange-wood stick dipped in nail-bleach, and remove roughness from the edges of the nails with the emery board. To polish, apply the nail-paste and cover it with the powder. Then use the chamois polisher. An extremely high gloss is not desirable.

But the nails are only one feature of the hand. Its color is one of the most important considerations. Hands should not be ghastly

white; it is a sign of anemia. When they are so, the circulation is weak and must be strengthened by exercise, and bathing with hot and cold water.

Crumple a sheet of newspaper in each hand; hold your arms at your sides and grip and relax till your hands are slightly tired. Hold the grip only momentarily; otherwise the tensed muscles press upon the blood-vessels and defeat the purpose of quickening the circulation to the hands. Do not be afraid of developing a little muscle in your hands. The strong hand is the admired type today; the frail, anemic, tapering hand has given place to the broader, thicker one; the change keeping pace significantly with woman's general advance in the world's progress. Tennis, golf and rowing are gaining legions of women adherents, and such sports have been the prime specific factor in changing female hands for the better. Every woman who cares for beautiful well-shaped hands should adopt some such hobby. After exercise, bathe the hands in hot then cold water. Immerse them a few moments in the hot then plunge them into the cold, and continue for several alternations. This will, of itself, in a few weeks improve the color of the most anemic hands.

Some women complain of stiffness in their hands. Often this condition is the result of long, heavy work, but sometimes it is from lack of use. In either case, try massaging olive oil into the hands just before exercising them. The muscular movements will cause the lubricant to permeate the tissues thoroughly. Those who exercise little should at least make the water treatment suggested a part of their morning ablutions.

To remove stains from the hands there is nothing better than lemon juice. A bit of pumice stone is excellent for the same purpose. After washing the hands, rinse them well and use a soft, absorbent towel. Imperfect drying causes roughness and chapping. For chapped hands, I recommend glycerin and lemon juice, in equal parts. To half a pint of the mixture may be added eight or ten drops of carbolic acid. Nightly application of this simple preparation will go a long way toward keeping "working hands" in good condition. Also, real peroxide cream is hard to surpass, for all-round purposes. Whatever emollient is chosen should be well rubbed in until it is thoroughly absorbed.

Excessive perspiration of the hands is a frequent complaint. There are many popular remedies for this; but usually they are not very successful—except for temporary relief. The cause is a systemic one, lying in some derangement of general health. Nervous disorders are most frequently to blame, and a real cure requires an all-round toning up of the system, with particular attention to the nerves. As a temporary remedy, about the best thing is a solution of borax in alcohol. With palm to palm, rub it in vigorously.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: LILLIAN S. CLAYTON AND ANNA C. JAMMÉ

The collaborators in this department will be glad to receive short items of interest relating to the field of training-school work. States east of the Mississippi should send their contributions to S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, and those west of that section to Anna C. Jammé, Board of Health, Sacramento, California.

THE NEED OF CHEMISTRY IN THE TRAINING SCHOOLS

By Linette Parker, R.N.

New York

Within the last ten or twenty years chemistry as a basic science has gradually become of greatest importance. Nurses consider its value in relation to their profession, but nursing is only one of a large number of activities, a thorough understanding of which demands a knowledge of chemistry.

There has been much said of late about the woman in the home. A recent writer about women states that Ellen Richards in her application of chemistry and hygiene to the home did more to make homes livable than all the strictly domestic women before her. Cooking, the proper choice and preservation of foods and most of the cleaning processes involve chemical principles.

A good farmer today must know the chemistry of his soils, fertilizers and plant life; the mining engineer must know the chemistry of his metals; the bacteriologist is constantly using chemicals and chemical processes; the wonderful results in modern photography are possible only through the advance of chemistry. The modern pharmacist needs almost an expert knowledge of this science to understand the complex medicinal chemicals now being prescribed and to carry out the chemical tests and analyses required by the *United States Pharmacopeia;* the physician of today has no place in his profession if he has not a working knowledge of chemistry. It really seems not too much to say that a person can scarcely read the daily newspapers and modern magazines intelligently without being familiar to some degree with the science of chemistry. So this pressure of a new need which we are feeling in the hospitals is only a part of a general trend in education resulting from the recognition of the importance of this science.

It may be said that good nurses have been and are being graduated who never read a line in a chemistry. I would say that such nurses are not truly professional and that nursing will never be a profession until those who engage in it are acquainted with the sciences which underlie their work. Such a knowledge gives a nurse a certain mental poise, a confidence in herself, a mastery of her art which distinguish her from the uneducated, mechanical worker.

The subjects in the training schools which especially require a preliminary knowledge of chemistry are physiology, dietetics and materia medica. In physiology, for example, the reaction to litmus of the different parts of the alimentary canal and the different fluids of the body, the chemical processes which constitute a large part of digestion, the names of the important constituents of the blood, sweat and urine, the nature of catalytic agents, the processes of oxidation and reduction are all important and they all involve strictly chemical terms. How is it possible for a nurse to get any true conception of these things if she knows no chemistry? She can learn them and write them down on a quiz paper but she does not know them. One can remember when he reads that Edison's new submarine battery is an alkaline battery and he can tell it to someone else but if he does not know the nature and the reason for an alkaline battery he will not be talking intelligently.

How many nurses know what pitchblende is or anything about it? It is one of the ores from which radium is obtained, a simple fact, but a nurse who is made to learn and use chemical terms without knowing their meaning really knows as little about them as the ordintry person does about pitchblende.

The definition of camphor as given in the 1910 pharmacopeia is as follows: camphor is the dextro-gyrate modification of the saturated ketone obtained from cinnamomum camphora. To how many does that convey any meaning whatsoever? With not a very advanced knowledge of chemistry that sentence would convey a very definite conception of the nature of camphor. Yet nurses are expected to learn and remember the more simple chemical terms which convey no more meaning to her than that definition of camphor did to most of you readers.

In dietetics a nurse studies the food principles, starch, sugar, protein, and mineral salts. Cooking involves chemical changes in these substances which explain why toast is more digestible than new bread, why cereal is better when cooked a long time, why certain vegetables should not be cooked in salt, why meat must be seared on the outside for a roast and put into cold water for beef tea and so on. Without some knowledge of chemistry these facts will be learned but not understood.

In pharmacy, a branch of materia medica, one steps right into chemistry when she begins to teach solutions. One of the pharmaceutical solutions most familiar to nurses, Fowler's solution, is made by a chemical reaction; every effervescing powder depends on the chemical reaction in water of two of its ingredients. How much easier it is for a nurse to remember these two ingredients and how to care for and give an effervescing powder if she knows the theory!

In materia medica I suppose every teacher takes up the active principles of plants which are all strictly chemical compounds. A nurse is taught that morphine and strychnine are alkaloids but when she gives them she charts morphine sulphate and strychnine sulphate. You tell her they are salts. What are salts? Why not give the alkaloid itself? Potassium permanganate solution is taught as an antidote to alkaloid poisoning. Why is it efficient? Because of a chemical reaction which every nurse should understand. The use of acids and alkalies both externally and internally depends on their chemical reactions. It is hopeless to try to teach the nature of the innumerable organic compounds now being used, such as trional, ethyl chloride, salvarsan, without a background of chemistry.

If I were asked to teach materia medica to a class of nurses who knew no chemistry I would not know how to begin. In fact, in my opinion, it cannot be done. I could tell some facts about drugs and their action and drill until these facts were thoroughly memorized, this I admit is better than no materia medica at all, but I could not *teach* the subject. I could not give them an intelligent conception of the body of knowledge which we call materia medica and therapeutics.

Nearly every nurse in the classes in materia medica at Teachers College has had her materia medica in the training school without any preliminary knowledge of chemistry. In Teachers College they usually have chemistry first and such remarks as these are frequent: "With chemistry as a background, materia medica is so interesting;" "My chemistry has opened my eyes to so many things in materia medica," and "Chemistry has broadened my whole outlook on these nursing subjects."

Assuming now that everyone is convinced that a nurse needs chemistry as a foundation for her training, how and when is she to get it? In my opinion chemistry should be a requirement for admission to the probation class. Whatever the nature of such a preliminary course, it will give some basis for the nursing subjects and if chemistry is taught in the hospital that course can then be primarily applied chemistry. At the present time such a requirement would be impossible and short courses are being given in the training schools.

I feel that the teaching of elementary chemistry does not belong to the hospital training school. This is a school for specialized work. Chemistry is a big subject covering at least three years in a college of ordinary standing. If it is attempted in the hospital, the course consists of from ten to twenty lessons and the best of teachers under the best conditions can in that time give only the merest underlying principles. Even a very elementary course is worthless without laboratory experiments and a satisfactory general course requires extensive equipment which no hospital would be justified in buying.

Another important point is that chemistry should be taught by a *trained* teacher in that special subject. Few subjects are more difficult to teach well than this. There are so many conceptions to be formed which seem to have no connection with anything else in one's previous knowledge. One has to learn to think in new terms, to reform old ideas. Chemistry is a technical subject all parts of which are definitely inter-related. That is, one must be familiar with the whole to be able to teach the first part. It is almost impossible to teach the introductory lessons without using terms which logically would be studied later in the course. A chemistry teacher once told me that probably no science was universally so badly taught as this and it is difficult for a chemistry teacher to get a good position without a Ph.D. degree in that subject.

With these facts in mind, is it just to the pupils or the school to entrust the course in chemistry to an assistant whose only qualification is that she once had a course herself or to some young physician who volunteers his services but is not competent? No one would consider an ordinary general practitioner qualified to teach electrotherapy, for instance, in a medical school of good standing. No more is the ordinary physician or nurse competent to teach the general subject of chemistry.

Everyone familiar with the conditions realizes that the training school superintendent is often handicapped in her effort to give the best to her nurses and that the short course in chemistry in the training school is a step in the right direction. However, it is my conviction that chemistry should be made an entrance requirement and that any course, elementary or applied, given in the hospital demands a trained teacher. If no one connected with the hospital is competent, such a teacher should be paid for the course or the nurses sent to some near-by organized class. In New York City, the Board of Education will provide a teacher in the evening schools for a class of fifteen or more and in other cities and towns coöperation could doubtless be secured with the principals of high, technical, trade or evening schools.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Sixteen chaplains have been killed at the front and one has received the Victoria Cross.

The Sultan of Egypt has offered to give $2500 if a hospital is established at Alexandria in memory of Lord Kitchener.

Three hundred Serbian boys attended a memorial service at St. Paul's Cathedral, London, for those who had fallen in defense of Serbia.

An English paper advertises for a cowman or a cowlady to take charge of a small herd of Jerseys.

The Blue Cross Fund for the care of horses wounded in war, received a donation of $25,000 fom the Shanghai Race Club.

The women and children of the British Isles have presented the Canadian forces with a silk Union Jack and a silver shield inscribed "Ypres."

The first bale of new cotton for this season was sold in New York for $110, and resold in Liverpool for the benefit of the Red Cross for $2000.

A father and mother in a country town in England have eleven sons in the army, and the twelfth has recently been called out.

Many curious and valuable articles are sent to the Gift House in London, to be sold for the benefit of the Red Cross work. One of the latest was an old photograph of Abraham Lincoln, a note signed and dated by him and a reprint of a part of his address at the dedication of the soldiers' cemetery at Gettysburg.

Hospital nurses find many strange charms and mascots on the persons of wounded soldiers. One Irish soldier who had come through a fierce battle with a severe scalp wound, had a piece of Irish bog-oak, a prayer written by a French girl, a withered shamrock, and a piece of wood from a saint's cell.

The *Munich Neuste Nachrichten* says that on the anniversary of the death of Captain Immelmann, the Fokker pilot who was killed by a British flight lieutenant, a beautiful wreath, tied with black ribbons, was dropped in the German lines by a British airman. Attached was a card bearing the words, "In memory of a brave and gallant adversary, from the British Flying Corps."

Canadian wounded soldiers have erected in Ramsgate cemetery,

England, a stone in the shape of a maple leaf in memory of children killed in an air raid at that place.

The United States Embassy reports that the graves of Australian and British soldiers at Gallipoli have been carefully preserved by the Turkish authorities.

The Mohammedan world has been stirred to its depths by the news that the Turks have been ejected from the Holy City of Mecca and that the people of Arabia have declared their independence. It is said the Moslems hate the intrusion of German control in Turkey.

The British Government has decided that on the special recommendation of the commander-in-chief in the field the military medal for bravery and devotion shall be awarded to women, whether subjects or foreigners, who have shown bravery and devotion under fire.

A despatch from Petrograd announces the adoption by the Duma of a bill giving to peasants the same civil rights as are given to other classes of the same population. For the first time in its history, Russia has established civil equality under the law.

It is reported that the Duke of Brunswick, the husband of the Kaiser's only daughter, who has been the victim of profound melancholia since the early days of the war, is now hopelessly insane.

An Anglo-American, Francis Derwent Wood, has perfected a means of concealing deformities of the face caused by shrapnel or exploding bullets. The masks, as they are called, consist of plates of thin copper, silvered and then painted to match the hue of the patient's skin. They are light, fit like gloves and are said to cause no discomfort whatever. They are intended to be removed at night and are easily cleaned with a little potato juice. Usually they can be kept in place by means of ether gum, such as is used by actors. In cases of artificial eyes and noses they are built on spectacles which help to keep them in place and are secured by means of a couple of small straps at the back.

Aerial torpedoes dropped upon the trenches are peculiarly effective in destroying them. The Germans reported that bomb-proof shelters and trenches that had taken months to construct were destroyed by this means in a few minutes.

A newspaper containing nothing but war news has been established in Pekin. The rush for copies is said to be tremendous. Pictures of submarines, aeroplanes, bombs, grenades, gastubes, etc., are a conspicuous feature of its pages. In a recent issue it is urged that the Crown Prince, having failed at Verdun, should be "put to sleep" in the Chinese fashion.

EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON

Denver, Colorado

RÉSUMÉ OF THE SECOND YEAR OF THE WAR

The second year of the war, which ended August 1, 1916, may be outlined by at least a score of outstanding events.

1. August and September, 1915. The Teutons hurled the Russians back capturing much Russian territory, including Poland, and regaining the Austrian crown-lands of Galicia and Bukowina.

2. October 13. Bulgaria joined the Central Powers and with them subjugated Servia and Montenegro.

3. October 15. Edith Cavell, an English nurse in Belgium, was executed by the Germans for aiding Allied prisoners to escape.

4. November. General Townshend's gallant little force in Mesopotamia was shut up in Kut-el-Amara by the Turks, where after 143 days of increasing starvation, it surrendered.

5. December 19 and January 9. The Allied forces withdrew from the Dardanelles after a futile and protracted effort to reach Constantinople. Over 100,000 men were lost and five battleships.

6. January, 1916. The Russian Grand Duke Nicholas began his successful invasion of Asia Minor. Already he has wrested Armenia from the Turks.

7. February 23. The battle of Verdun began. Here half the French army is still resisting the German onslaught.

8. March 8. Germany declared war on Portugal after the latter's seizure of German ships in Portuguese harbors. The Portuguese, up to date, are fighting the Germans only in Africa.

9. April 18. President Wilson's note to Germany, after the torpedoing of the Sussex (March 24), was virtually an ultimatum on the submarine controversy, to which Germany acceded.

10. April 21. Irish Revolt occurred in Dublin. Several hundred lives were lost and the ringleaders were executed, the most noted of whom was Sir Roger Casement.

11. May 31. The German and British fleets fought the greatest naval battle in history off the coast of Jutland (Denmark). Both sides claimed the victory.

12. June 5. Kitchener and his staff were drowned off the Orkney Islands where his ship struck a mine.

13. May and June. The Austrians made a drive across the Alps into Italy. The Italians are now regaining the conquered country.

14. June 4. A Russian drive was started. Russia broke 100 miles of Austrian lines, recaptured Bukowina, and entered Hungary.

This simultaneous offensive of the Italians, the Russians, and of the British and French along the river Somme in July, is called "The Battle of Europe."

15. July. Arabs rebelled against Turkish rule in Arabia. The sacred city of Mecca has been taken and Medina, the burial place of Mohammed, is threatened.

16. July 10. The *Deutschland*, the new German merchant submarine, arrived at Baltimore unarmed and bringing a cargo of dyestuffs. In spite of Allied protests, the *Deutschland* was adjudged a merchant boat by our government and was therefore not interned. She left for Germany August 1. A fleet of such submarines is planned by Germany to thwart the English blockade.

17. July 19. Britain's blacklisting of eighty-two American firms (chiefly controlled in Germany) is an extension of her Trading-with-the-Enemy Act, which forbids her subjects trading with belligerents. It is also the first fruit of the Economic Conference of the Allies, which met at Paris, June 4. This conference had a twofold object; to unitedly wage war in economic as well as military spheres (as it asserted the Central Powers are planning to do) and to secure for themselves full economic independence. In answer to an inquiry by our State Department, the English ambassador stated that the act was not directed against neutrals, the question was, "Is that firm by its business operations strengthening our enemies." If this measure does not go beyond prohibiting British subjects dealing with specified business houses it is probably within the scope of the law.

THE DANISH WEST INDIES. Last month the United States signed a treaty (which has yet to be ratified by the Senate and the Danish parliament) to purchase for $25,000,000 the Danish West Indies, St. Thomas, St. John and St. Croix. On several occasions Germany has intervened to prevent this purchase as she has large interests in St. Thomas and the islands are an important asset in capturing South American trade. Their value to us is strategic, as in the hands of a hostile power they would be a serious menace to the Panama Canal.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

The organization of our Base Hospital Units is progressing most satisfactorily and in addition to those mentioned in the July JOURNAL, the following are also well under way:

University of Pennsylvania, Philadelphia, Pa., Chief Nurse, E. B. Irwin;
Pennsylvania Hospital, Philadelphia, Pa., Elizabeth Dunlop;
Barnes Hospital, Washington University, St. Louis, Mo., Julia Stimson;
St. Joseph's, St. Mary's and Augustana Hospitals, Chicago, Ill.,
Mrs. Julia Flekker;
Cincinnati, Ohio, Laura R. Logan;
Presbyterian and County Hospitals, Chicago, Ill., Mabel K. Adams;
St. Luke's and Michael Reese Hospitals, Chicago, Ill., Ellen Stewart;
The German Hospital, New York City, Louise Schleicher;
Post Graduate Hospital, New York City, Amy Patmore;
Brooklyn, N. Y. (for Navy), Frances Van Ingen;
Assistant Chief Nurse, Mrs. Lillian Read.

There will be an additional unit in Chicago but the chief nurse has not yet been definitely decided upon. Units are also being organized in connection with the University of Pittsburgh, Pittsburgh, Pa. and probably in connection with the Lincoln Hospital, New York City. The Mayo Brothers of Rochester, Minn. have also made themselves responsible for a Base Hospital Unit but no action has been taken as yet in regard to the nursing personnel.

When completed, the Red Cross will have available twenty-five Base Hospital Units which will mean that a total personnel of one thousand eight hundred seventy-five nurses and nurses' aids have been selected and prepared for service by the chief nurses of the Units. All of them have had physical examinations and immunity treatment for typhoid fever and smallpox. Each chief nurse will also carry a reserve of fifteen nurses and twenty-five nurses' aids, making a total personnel of one thousand to supplement the Base Hospital Units if called into service, or a total personnel of nearly three thousand for which the chief nurses are responsible.

Owing to the vast amount of newspaper publicity given to volunteer nurses' aids which may be attached to our Base Hospital Units, it seems important to have the function of these nurses' aids and the

method of their selection definitely understood. I can do no better than quote from a circular of information recently issued by Colonel Jefferson Randolph Kean, Director of Military Relief, defining the status of nurses' aids.

Volunteer Nurses' Aids. Provision has been made for the assignment to our base hospital units of a limited number of women who are not nurses by profession. They will serve without pay but may be furnished with transportation, lodging and subsistence when the unit to which they are attached is called into active service. Nurses' aids will be prepared for duty under the supervision of the nursing service of the Red Cross and will be required to take at least the course of instruction in elementary hygiene and home care of the sick and pass a satisfactory examination in the same. It is also desirable that they take such other courses of instruction as may be provided by the Red Cross. The chief nurse of the Base Hospital Unit will be responsible for the selection of all nurses' aids attached to her unit and will, if necessary, arrange for their instruction. When called into service they will serve under the direction of the chief nurse of the unit.

While the course in elementary hygiene and home care of the sick is compulsory for those desiring appointment as nurses' aids, we wish to make it quite clear to those taking our courses of instruction that under no circumstances can they qualify for service as nurses, nor have they the right to call themselves even nurses' aids unless definitely assigned to duty in connection with one of our Base Hospital Units. Practical experience as nurses or partial training as such cannot be accepted in lieu of our course in elementary hygiene and home care of the sick, as one of the chief advantages of this instruction given by a Red Cross nurse is to enable the Red Cross by observation to judge of the qualification of those taking the course and their probable fitness for service.

While most lay women volunteering for service imagine themselves giving aid on the battlefield, as a matter of fact they will not be assigned to duty within the zone of military operations. Their chief sphere of usefulness will be in supply rooms, linen rooms, diet kitchens, laundries, and the wards of Base Hospitals located considerably in the rear of military operations. Assignments to duty both of nurses and nurses' aids will, in all cases, be made through Red Cross Headquarters, Washington, D. C., and it will be impossible to take into consideration the desire of women volunteering to be assigned to duty in connection with the Militia or National Guard of their own states.

A notice has recently been sent to our local committees on Red Cross Nursing Service asking each to be responsible for the organization of at least one "emergency detachment of nurses." These groups are intended to supplement the nursing personnel of military hospitals

already established, or may be assigned to duty on hospital ships, hospital trains, or for any other service where easily mobilized groups of nurses may be needed. Such groups will usually consist of ten nurses, one of whom will be designated as chief nurse and who will act as such until assigned to duty under the supervision of a chief nurse of the Army or Navy, when she will become a member of the Unit and assigned to duty as such. The local committees are responding with enthusiasm to the development of these detachments and will be responsible for all of the details of preparation for service. Through these emergency detachments we hope soon to have not far from 1000 nurses available for duty in addition to those connected with the Base Hospital Units.

A request has already come to us from the surgeon general of the Army to hold four detachments ready for service on the border, and it is probable that they will be assigned to duty during the month of August. It is our intention to make both the Base Hospital Units and the emergency detachments of nurses permanent organizations, filling vacancies as they occur, so that at all times we shall have several thousand nurses actually prepared for service under the Red Cross.

Letters of appreciation, various reports, medals, and other forms of recognition of the Red Cross Nursing Service are now being received from Europe, but lack of space prevents our submitting more than one at this time. The following is an extract from a letter from William Warfield, formerly an attaché of the American Embassy in Petrograd and now *charge d'affaires* for the United States in Sofia, Bulgaria:

> While acting as an attaché of the Embassy in Petrograd, specially assigned to war relief work, I had occasion, as you know, to see a great deal of the members of the American Red Cross Units in Russia. It gives me great pleasure to take advantage of this opportunity to say that the nurses attached to these Units have been the greatest credit to the organization, and to the country they represent. Their professional efficiency is not only unquestioned but has excited a great deal of comment in medical circles, having been mentioned to me frequently by the Russian surgeons. Personally, by their devotion to duty and their splendid organization and discipline, these ladies have been a credit to American womanhood and its ideals. I do not hesitate to say that they have had an influence for good quite apart from mere professional services.
>
> I wish especially to express my appreciation of splendid work done by the group that worked largely under my personal supervision at Irkutsk. Their work there being non-professional in great part shows that the type of woman you are sending out is not only a good nurse but an all-around resourceful woman as well.

With the tremendous increase in Red Cross activities and the overwhelming demands made upon the chairman of the National Committee on Red Cross Nursing Service, it has been evident for sometime

that it would be necessary to create a new position of superintendent or director of Red Cross nurses in order to relieve the chairman of the many administrative details. Such a recommendation was made by the National Committee at its meeting in December and was approved by the Central Committee. I am sure the nurses of the country will rejoice with us in the fact that we have secured Clara D. Noyes, at present general superintendent of training schools, Bellevue Hospital, New York City, for this important position. She will take up her duties with the Red Cross not far from October 1. A further announcement of her appointment, made by ex-President Taft, Chairman of the Central Committee, appears in another portion of this issue.

TOO LATE FOR CLASSIFICATION

MINNESOTA STATE BOARD EXAMINATION

The Minnesota State Board of Examiners of Nurses will hold a semi-annual examination at the new state capitol, St. Paul, October 6 and 7, 1916, beginning at 9 a.m.

HARRIET B. LEACH, R.N., *Secretary.*

MISSISSIPPI STATE MEETING

The Mississippi State Association of Graduate Nurses will hold its sixth annual meeting in Natchez, October 30 and 31. All members are urgently requested to attend.

J. P. COX, *Secretary.*

NURSING IN MISSION STATIONS

RESCUING A CHINESE GIRL FROM AN UNHAPPY BETROTHAL

By MARY A. HOOD, R.N.

Soochow, China

A missionary's life is full of many new and strange experiences, but one of the strangest I have ever met so far happened a few days ago, when I received word that one of my nurses, who had been called home on account of her mother's death, was being held a prisoner in the country because she refused to marry a man to whom she had been betrothed in childhood. He was dissipated, worthless and lazy. During the year the girl had been with us in the hospital her views of life had become quite changed and therefore she was unwilling to be married to such a man. We received this information through a letter her brother had written to her cousins, who are medical students in our hospital, in which he said his sister sat in her room and cried all day as if her heart would break, begging him to help her get away. She had already tried twice to run away, but each time she was caught and brought back and her every move was watched.

Breaking an engagement in China is a very difficult thing, as a girl has absolutely no authority in the matter. In this case, however, her cousins were unhappy and were not willing that the family should force her into this marriage, so they came to us asking us to help them get the girl back to the hospital. We were very glad to help but were distressed about the matter as we had had no experience in rescuing betrothed girls and we knew how binding these contracts were, but seeing the distress in the faces of the cousins and knowing what a future of misery faced the girl we were willing to do all we could to help save her. Their aunt who lives in Soochow was called in consultation and it was decided that the only way in which we could help was to demand that the family let the girl return or else pay a large sum for preventing her from fulfilling the contract she had signed on entering our Nurse Training School, and that I should go to the home accompanied by a cousin and an interpreter to see what could be done.

Therefore the next day we took the train to Chenkiang, a five hours' trip and had lunch with a friend living in that place. This friend was very much surprised to see us and tried to get us to return home, saying

it was useless, that the family wanted the marriage, but we would not be turned back, so we took a steam launch, reaching the village about seven o'clock in the evening, and went directly to the girl's home where we were received with surprise and politeness. We found ourselves in a very large old house, probably a hundred years old. Over the door was draped white cloth with three white balls of paper hanging in the middle. In the room were large white panels with Chinese characters written on them. These testified to the dead mother's good character. We passed through several courts all draped in white cloth. About two-thirds back in the middle of the room was a life-sized picture of the mother, before it was a table with incense and candles and the grandchildren were made to worship their grandmother twice a day. Back of this picture and the draping was the coffin. The lady had been dead a little over a month. This form of worship is kept up for fifty days and then the coffin can be taken out of the house, though often it is left in the house for several years.

The room to which we were assigned to sleep opened into this one, and was a large room simply furnished, with only one window opening into the court and a skylight one foot square. We were invited to be seated in the reception room and business began. I made inquiry about the nurse, expressed sorrow over the mother's death and the unsettled condition of the country and said that I had come to take the nurse back with me to finish her training. The family consisted of four brothers, wives and children, a married sister and family, a single sister and many servants, all living in this one house, which was like an apartment house with many apartments all on one floor, each family living to itself—yet all using the same dining room and the same reception room. The sister, sister-in-law and the aunt, who lives near, all expressed their regret at our long expensive trip and politely informed us that the girl was not at home. We explained how important it was to have each nurse keep her contract and that if we allowed them to come and go we should have no kind of a training school. We insisted that she be allowed to return or pay the stipulated sum of money. It wasn't an easy thing to go into a home and demand this.

These are a few of the protests that they gave: "We shall not allow the girl to return to Soochow, for in the first place we didn't want her to study nursing." "It is a woman's place to marry a man." "If the contract is broken, let the Soochow aunt pay it." "You cannot go to see the nurse and we will not allow you to leave this house except to take the launch home." "If you take the girl and she is not here for the wedding, her oldest brother, who is the head of the family, will lose his life."

The discussion continued most of the night, and the next day being Sunday and rainy, we were left alone. Breakfast was served at ten o'clock, lunch at three and dinner at ten p.m. During the day members of the family and servants came to our door walked in and away. The interpreter, a medical student, who had not come out and acknowledged Christianity said "If only the Lord would send an angel to open the door as He did for Peter in prison and lead us to the girl or bring the girl to us." That day with hope almost gone seemed to us as long as Moses' forty years in the wilderness. As the time drew near for us to return, we decided something had to be done or else we would have to go without seeing the girl. Therefore the cousin took it upon herself to make one last effort. She told the family that the foreigner was going to take the first launch in the morning for Shanghai and that she would put this contract in a foreign lawyer's hands and that she would have the girl or the money. This statement frightened them very much and they decided to produce the girl.

That evening, about eleven o'clock, she was brought in. The child came right to me like a hurt child to its mother, but her face was radiant. The family stood with open mouth and eyes and said "Really the foreigner does love her and her heart is not all ice. Look, the girl is smiling for the first time since her mother's death." The family got together and decided that since she was so happy, and wanted to go so badly they would not keep her. The night passed quickly and next morning found us waiting for the launch. The whole family came to see us off. We arrived home without any further trouble.

ITEM

Commencement exercises for the Women's Medical College and the Nurses' Training School of Soochow were held on June 15, a programme for the two being arranged which included music by the University band, songs by a chorus, a class song by the graduates, an address by Mrs. Lawrence Thurstan, principal of the woman's college, and presentation of diplomas by Dr. Margaret Polk. The names of the graduates were printed in two columns, one for those who had taken the course in medicine, the other for those in nursing. These were the third commencement exercises of the schools.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

Collaborators: BESSIE B. RANDALL, R.N., *Visiting Nurse Association, Omaha, Nebraska,* AND ELIZABETH GREGG, R.N., *Health Department, New York City*

RECORDS

A long letter was received last week from a superintendent whose organization is planning to put in a new record system. The following questions and their answers may be of interest to other nurses planning to do the same thing. Just as soon as nurses get over the idea that records are unnecessary red tape, their work will be easier and at the same time more appreciated. The nurse who doesn't keep records because she doesn't care to have her right hand know what her left hand is doing, reminds me of the faithful, hard-working, eighteen-hour-a-day visiting nurse in a small Illinois town who spent nine years winning the affection of both her patients and her supporters. There was general lamentation when she decided to give up her work and go to a near-by town as tuberculosis nurse. She spent one day with her successor, a nurse who had had some training in a city association. When asked for her records, she said rather carelessly, "Oh, here are the names and addresses of most of the open cases, you don't need records, you will find out all about the people soon enough." She said also that she had been accustomed to spend about $400 a year on "comforts" for her patients; that this was a fund left the association years before, for this purpose; that she had had the spending of this money and had never made an accounting of it to anybody. When her successor went to the president of her board and asked for a pair of crutches for a small boy very much in need of them, and also asked how she could draw money from this "comfort fund," she was met with the surprising statement: "We are not going to let you have anything to do with that comfort fund. Whenever you need special things for your patients, you will have to get them through the Special Fund Committee. You see, Miss X handled that money herself and spent the whole of it every year and we never realized until she was about to leave us, that there wasn't a person on the board who knew

whether she spent it honestly or not. We went down to the office one day and found that she kept no records of any of her patients, no cash-book to show where the money went, and although we suppose she was honest, we don't know whether she was or not." It so happened that the former visiting nurse was not merely honest but was also very patiently unselfish and gave lavishly of herself, her time and her own salary to any patient in need; and yet nine years of most devoted service was rewarded by this amazing, nevertheless very well-deserved, summing up. A nurse who doesn't keep records, who doesn't account for every penny spent, may expect the same reward, no matter what sort of service she renders. It is not sufficient, in these cases, to avoid the performance of evil, we must avoid the appearance of evil; and well-kept records and properly audited books are something which at least impress the unknowing and never fail to satisfy the intelligent.

The following is the system of the Visiting Nurse Association of Chicago. It is similar to that in vogue with a number of other organizations, though each town must make differences necessitated by local conditions.

QUESTION 1. How do you file patients, by name or by number?

ANSWER. By name, alphabetically. We have case-numbers only for our Metropolitan cards, and file these alphabetically when they become closed cases. (We do not keep duplicates of our Metropolitan history cards. These are mailed to New York as soon as the cases are closed. Any important information on them is transferred to our index-cards.)

QUESTION 2. Who makes out the cards for filing, the nurses or the registrar?

ANSWER. The nurses make out the "new patient's" slip for every case visited. These are mailed in to the main office and are typewritten on a stiff index card containing the following items: Name, sex, color, marital condition, address, age, birthplace, first names and nationalities of father and mother, occupation usually followed, diagnosis, physician, date of first visit, how long ill, referred by, remarks, name of nurse. (These are the items advocated by the National Organization for Public Health Nursing.) This typewritten card is then filed by a clerk in the open case files. We now have sixty-four districts, and the open cases are kept by districts. When the cases are dismissed, once a month the time-books are gone over by the same filing clerk and the additional information is written on the card from the time-book: date of last visit, number of visits, condition on discharge. The card is then filed alphabetically in our general file, which contains every index card in the office with the exception of those remaining in our open general files and our open Metropolitan files.

QUESTION 3. Do you file each year separately or is your file continuous?

ANSWER. We do not keep the years separated, we file everything alphabetically.

QUESTION 4. Do you, at the end of the year, separate the death and removal cases or leave them together?

ANSWER. We do not take out these cases from our index cards. Our history cards, which I will mention later, are on file at the substations. Recently we have been destroying a great many of our index cards that are more than two years old, because we have changed the form so radically within the last two years, and also because Chicago has changed its street numbering system and street naming system within the last five years, to a rather marked degree, consequently many of our addresses are perfectly worthless and our files were crowded with useless cards. (I believe that the Henry Street, New York, Visiting Nurse Association destroys its old history cards and index cards after two years, though they may have changed this system since I was last there.)

QUESTION 5. Do you start to re-number every year?

ANSWER. We do not number our cases at all. In our municipal tuberculosis dispensaries the numbers are continuous from year to year. The Metropolitan system continues the case numbers without any break, making note of the first case number of every month and of every year.

QUESTION 6. Does the nurse keep any other book than her day-book?

ANSWER. Every nurse keeps a page-a-day book in which she jots down in pencil any information she desires to use; a time-book, which is an address-calendar-reference book of all her patients, new and old; a monthly report which is a summary of all per patients and all the calls entered in her time-book each month; a history card for every patient visited more than three times; and a new-patient's slip for every new patient visited. This I have mentioned before. We keep but one card in maternity cases, notes for the baby being entered on the mother's card. Occasionally we keep but one card for a family of several children, if the treatment and diagnosis are similar. We leave this last to the discretion of the nurse.

QUESTION 7. How does the registrar make her daily record?

ANSWER. The registrar does not make a daily record. We do not know how much work we do daily, we simply keep monthly summaries of our work, from which we compile our annual summaries. The monthly summaries are made by the nurses from the time-books.

Our monthly totals and our annual totals are made by an office clerk from the nurses' monthly reports.

QUESTION 8. How do you re-admit cases?

ANSWER. Until recently, we have used our own modification of the National Organization record form, and when the new form is ready we are going to use that entirely. We are re-admitting patients on the same cards if the diagnosis, treatment, and home conditions are practically the same. If the patient has moved or conditions have changed very radically, we make out a new history card for the case. We do not attempt to get our statistics from our patients' history cards, we want them merely to let successive nurses and other workers know what we have done for certain cases, and also to give the supervisors some idea of the type and conditions of the patients being cared for in the districts. We use our small cards and time-books for statistical purposes.

QUESTION. 9. Do you keep a separate social history for each family?

ANSWER. No. The only social history we keep is on the large record form. If we are caring for two cases in the one family, Clara, a typhoid, and John, a broken leg, we would give them each a history card, but we would put the social items on Clara's card and write on John's card, "See card of sister, Clara," with, of course, the correct last name.

(To be continued)

INDUSTRIAL NURSING

During the three conventions of Metropolitan Life Insurance Company workers held during July in New York State at Rochester, Syracuse and Albany, the nurses in attendance met with Dr. Frankel and organized the Western and Central New York Public Health Nurses' Associations and the Hudson River Metropolitan Public Health Nurses' Association. These will meet quarterly for one year and will then be merged with the New York State Public Health Association. Two of them will hold their meetings in connection with the annual meeting of the New York State Nurses' Association in Buffalo in October. To facilitate matters, the company has offered to pay the transportation expenses to these nurses to the meetings for the present.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

Collaborators: ADDA ELDREDGE, R.N. AND LAURA E. COLEMAN, R.N.

THE NIGHT NURSES' LUNCH IN THE LARGE HOSPITAL

By Adda Eldredge, R.N.

For years the meals served to the nurses in many of our large hospitals were a crying evil. Even in those where the food was the best, too little thought was given to its preparation and serving. If this was true of the food served to the day nurses, that served at night was much worse. In preparing this brief survey, I have been able to find but little written on this subject and therefore have drawn somewhat on my own experience and that of other nurses.

One of the most vivid of the memories from my first night duty is of the small tin box which was packed before six o'clock and left, at about ten, outside the elevator on each floor. When this was opened, at midnight or after, the food smelled and tasted, or at least so it seemed to us, of all the night lunches it had previously held; needless to say, it went down in the morning untasted and we made up for its lack with coffee and more coffee. By my second night duty this box had disappeared and coffee and other food, some cooked, some uncooked, was brought around about midnight and left in the pantries for us to prepare and eat. Later still, a nurse in one of the wards, usually the babies', was sent to the diet-kitchen to prepare the supper for all the nurses, and while she was gone a nurse from another ward made rounds. As this selection was not a local thing, we can but judge that the nurses from this ward were selected because the babies could not voice their complaints of neglect. To ask as to the reasons for these conditions brings us back to the same old answer, "economy," and such false economy!

The idea was that the training school was a cheap method of running the hospital and that it was economy to underfeed and over-work the young woman whose ideals were enabling her to bear up under hardships and deprivations to which she was absolutely unaccustomed and

to which she seemed to submit in a directly inverse ratio to her previous physical environment.

With the realization that good work in any thing is in proportion to the health and strength of the worker, and that these are dependent upon the general nourishment of the individual, and with the further realization that training schools are schools and that something more is due the pupils in them than a bare room and maintenance, the women at the head of the schools began to insist on better living conditions. One of the first points of attack was the food served to the nurses. The entire lack of care in selection and preparation of the midnight meal for the night nurses was most evident, and reform of this particular evil began. In a talk with a nurse who graduated from one of the leading schools in the country a number of years back, she stated that in her training no supper was provided for the night nurse who ate what she could find in the wards. This meant that if her duty was in the private wards she lived on the "fat of the land," but if in the free wards and if she were too busy to cook eggs and make coffee, which was often the case, she went all night on a water diet.

It is obvious that any method which does not have the comfort of the patient and the welfare of the nurse in view is a mistake. On a busy night duty if the nurse must cook and serve her own supper either the one or the other is neglected. No nurse can be spared from her ward long enough to prepare the meal for the entire force of night nurses. While, theoretically, her diet-kitchen training makes a good cook of each nurse, in reality this is by no means sure, and a nurse on duty in the babies' ward may take excellent care of the babies and still cook a wretched meal for the night nurses, which is very unfair to them not to mention the unfairness to the babies who are left alone.

Night duty is hard work and a strain on every nurse. Her appetite is apt to be capricious or lacking. Yet, if that night duty is not to be an injury to her she must have plenty of good nourishing food, well selected, well cooked, and attractively served. This is an impossibility in most hospitals if the nurse is not relieved and served in a room set apart for that purpose, a room where she can sit down and relax while eating, away from the sound of the patients' bells. If this is to be done it means a larger force at night, a night cook, one or two waitresses and perhaps a dish-washer. In the large hospitals distances are great and relief is a serious question. To have the nurses go to the nurses' dining-room in the home means generally noise and disturbance of the day nurses, and a dining-room in the hospital means the same thing for the patients. However, it has been my experience that it is always easier to obtain from the nurses consideration

for the patients than for each other. A room in the hospital has the added advantage in lessening the distances to be travelled.

In the writing of this paper a few letters were sent out to some of the larger schools asking how they had solved the question of the night nurses' lunch and what they considered the ideal method. The consensus of opinion as gathered from the answers is that wherever possible there should be a night cook; that fresh meals should be cooked; that one or two maids should be on duty to serve the meal; that some dining-room in the hospital should be set apart for the night nurses' lunch; that the nurses should be relieved for from twenty minutes to half an hour, go to the dining-room and be served; that they should be served in two or three relays as the relief and the proper care of the patients permit.

In discussing this subject various suggestions have been made as to what to do and what not to do and a few are given here. It has been brought to mind that some schools are still serving the noon dinner warmed over for the night nurses as their first meal after the day's rest. It hardly seems possible! Who can eat a hearty dinner immediately upon rising, much less one which has been cooked, allowed to get cold, and then warmed over without any attempt at disguise?

Some one else suggests that fish be taboo; it seems a reasonable suggestion for fish is seldom appetizing to a jaded taste such as the night nurse often has. Another says, "Not too many sweets and no pastry." Yet we hear from Michael Reese Hospital in Chicago that they give the nurses cake, cookies and sweet biscuits constantly, as they seem to crave and relish sweets.

As constructive criticism is more helpful than the many "don'ts" we give a few suggestions: serve soups, not broths, for nurses will often drink when too tired to eat; sandwiches, if daintily made, are always appetizing; serve salads, the simple vegetable salads are best with, if possible, a choice of dressings, i.e., oil and no oil; cocoa, prepared and not too sweet, will with many take the place of the coffee which would be taken if cocoa must be made; cold meats, steaks or chops should be served but never heavy meats and vegetables such as cabbage, turnips and the like; there should always be plenty of fruit; serve ices and ice cream in warm weather, not on a cold night. Above all have the food well cooked, well served with pretty dishes and bright silver and clean linen. We are indebted for the following menus to Bena M. Henderson of the Children's Memorial Hospital, Chicago. These are taken from one week's menus as planned for their night nurses.

I. Boiled ham, scalloped potatoes, hard boiled egg salad with boiled dressing, blackberries.

II. Cold roast beef, hot macaroni and cheese, salad of cucumber and lettuce, watermelon.

III. Liver and bacon, creamed potatoes, banana salad with boiled dressing, red raspberries and cookies.

IV. Creamed chicken, boiled rice, banana fritters, sliced peaches.

An account of an interesting experiment was given me by a nurse who was for a time in charge of one of New York's island possessions. On taking charge this nurse made rounds at night and was horrified to see the luncheon which was provided for the night nurses and attendants. It was as follows: two slices of bread cut very thick with a chunk of meat in the center, an orange, and a bottle of milk. She called the attention of one of the commissioners, who was also making rounds, and he was equally horrified and immediately took steps to have this changed. Rooms were set aside for a dining-room and kitchen; steam stoves were installed; a night cook was employed and well-cooked and appetizing meals were served, but, alas, the buildings were long distances apart and the nurses and attendants would not walk across the island for the meal, so after six months' trial the experiment was given up!

It may be of interest to try and give a brief summary of what is being done in a few of the large hospitals. At Johns Hopkins the lunch is put up in small baskets, one for each nurse. These are sent to the wards at midnight. They are prepared and arranged by a maid in the home and consist of sandwiches, cake, fruit, etc. Eggs, coffee, tea or cocoa is made by each nurse on the ward. In one department Miss Lawler says, "The nurses go to a dining-room in the building at midnight and are served there." That this is not done elsewhere in the hospital is a question of the difficulty in relieving because of the distance between the buildings. At Mount Sinai, New York, the night force consists of a matron, a cook, a waitress and a porter. The meal is cooked in the training school kitchen and is served in the adjoining dining-room. The nurses relieve each other to go over for this meal between ten-thirty and twelve. The Presbyterian and Post Graduate, New York, both have a night cook. The former has a waitress also, and a dietitian plans the menus. The meal corresponds to the lunch served the day nurses. At Peter Bent Brigham, Boston, the night-cook serves the regular dinner from six to seven, comes on again at ten and sees to a luncheon for the doctors and from eleven-thirty until one-thirty takes charge of the lunch served the night nurses. The meats are partially cooked in the main kitchens and are finished in fireless cookers; potatoes are cooked late and sent to the serving-room; dessert is fresh or preserved fruit, and cake; but-

tered toast is served in any amount. Relief is managed by "doubling up" on some wards, by the "extra nurse" and by orderlies on the male wards. The account in the June number of the JOURNAL of the cafeteria at the Illinois Training School shows the very interesting and successful manner in which that school has solved this problem. At St. Luke's, New York, the nurses relieve each other and there is a night cook who serves as well as cooks the meals. At Bellevue, it was hoped that with the new buildings a night maid or nurse could be put on and the meals cooked and served at night. This has not been possible yet, owing to the difficulty of relief. The old method of a basket lunch is still used. At St. Luke's, Chicago, coffee with bread, butter, cake or cookies is served for the night nurses at nine-thirty so that nurses who do not go on duty till that hour need not get up for supper unless they have class. The night supper is prepared by the cook on at night and is carried to the different wards at midnight. A nurse accompanies the cook and sees that in each pantry the proper amount is left. The New York Hospital has still another method of variation. A night nurse is on duty in the diet-kitchen. She comes on duty at four o'clock in the afternoon, checks over the supplies sent up for the meal and prepares the dessert. Then she serves the trays to any nurses who are ill and confined to their rooms in the Nurses' Home. The "night cook" comes on duty at seven and cooks the supper for all the night people. The orderlies serve their own, the office people are served on trays in the office and the cook then serves the nurses in their own dining-room. The diet-kitchen nurse is now assisting in the relief on the wards and is off duty at two o'clock. The Children's Memorial Hospital, Chicago, says "We use our most attractive dining-room, put on the very best maid on the staff, one who is pleasant, happy and always agreeable, and plan as varied a diet as we can. We serve the night supper, as we call it, at eleven and eleven-thirty, and the nurses have crackers and milk in the morning before beginning the heavy morning work." Miss Parsons of the Massachusetts General Hospital says, "I am sorry not to offer any definite ideas on the subject of night nurses' lunches or suppers as it has not been worked out satisfactorily here. I think it would be ideal if we could have a cook on duty at night to prepare fresh dishes and if we could have another person to assist in serving and if I could make out the menus and have the variety which I think desirable. I feel that the night nurses ought to have more consideration than the day nurses, that they should have a variety of hot dishes, such as the different kinds of meat and vegetables, and that they should have a variety of salads and good desserts and fresh fruit. The menu should be varied from night to night and the weather taken into consideration."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

EDUCATION OF THE NURSE.—In a paper presented at a meeting of the Medical Society of the State of New Jersey the question was asked whether it was fair to the applicant who came to the hospital to be trained to use her as much as she was used for the convenience of the institution and to neglect so largely the bedside training. Too often, it was stated, the nurse's training was left to a subordinate nurse, while those paid for that purpose were seldom seen at the bedside. Gross errors were too often controlled by severe discipline instead of being remedied by example and precept.

DESTRUCTION OF FLIES.—One ounce of oil of pennyroyal to one quart of kerosene is very distasteful to flies and destructive to the young. A small quantity sprinkled about the garbage can will keep flies away.

DEATHS DUE TO CHILD-BIRTH.—The *Bulletin of the Lying-in Hospital of New York* states that during the past fifty years the United States has lost a million women from puerperal causes. The absence of mortality in well-conducted maternity hospitals is emphasized; there all conditions can be controlled.

TREATMENT OF POLIOMYELITIS.—A correspondent of the *Medical Record* recommends local applications of 10 per cent silvol or argol, to the nose, with hexamethylenamin in large doses internally, in cases of infantile paralysis. Also the performance of lumbar puncture. As prophylaxis the use of silvol or argol and hexamethylenamin in moderate doses, in the case of all children who have been in contact with a positive case. The nose is probably the portal of entrance of infection.

PREPARATION OF PATIENT FOR OPERATION.—A writer in the *Journal of the American Medical Association* gives some useful hints. Sudden changes in the patient's habits and modes of dress are better avoided. For example, putting on cotton night-clothing when flannel is the accustomed wear; shampooing the hair against the patient's wishes, or having the windows open more widely than he prefers. This is no time to reform him. Tranquillity of mind is more important than the exact following of correct methods. Operations on the eye are especially referred to.

TREATMENT OF PARALYSIS AGITANS.—Dr. William N. Berkeley,

writing in the *Medical Record*, is of the opinion that paralysis agitans is caused by a deficiency of the parathymoid glands. He has treated it successfully by the administration of an acetic extract of the fresh gland. He thinks it will ultimately be possible to cure it by this means, just as cretinism is cured with thyroid.

Posture in Obstetrics.—In a paper read by Dr. Markoe of New York, at the meeting of the American Medical Association the importance of posture during labor was especially dwelt upon. Chairs were in use from remote antiquity amongst primitive tribes of Africa and had been in use in European countries down to the present day. In Holland, as late as the last century, one formed part of the outfit of the well-equipped bride. Crouching was one of the early postures. During the first stage the chair permitted full dilatation to take place. The use of the ordinary rocking chair, with certain support for the feet, which could throw the axis of the uterus back, was illustrated.

Male Nurses.—A writer in the *New York Medical Journal* advocates the training of young men to the nursing profession. He says male nurses are necessary because of the increasing scarcity of female nurses. Male nurses could attend to the orderly's duties. A certain proportion might be trained for nursing in army hospitals and in event of war could be sent to places where it would be impossible to send female nurses.

Pasteur Treatment of Rabies.—Of 723 cases of rabies treated at the Pasteur Institute, Lyons, not one was lost. But eight patients have died since the treatment was begun in 1900.

Improvement in Training of Nurses.—The subject of nurses seems to be on the tapis in the medical journals this month. An editorial in the *Medical Record* advises that a course of lectures and demonstrations should be given probationers before their admission to the wards. It acknowledges that this is done in some hospitals. It considers that the powers of the superintendent of nurses is usually much too arbitrary. Personal animus or lack of patience with a beginner may terminate abruptly a career which would otherwise have been successful. No nurse, it concludes, should be allowed to practice until she has passed an examination by a state licensing board in both theoretical and practical nursing.

Thyroid Treatment of Contracture.—A Brazilian medical journal reports a case of contracture of both hands, following three attacks of articular rheumatism which rendered them useless. A course of thyroid treatment was begun, by the sixth day improvement was manifest and by the twentieth the hands were restored to normal.

Grapes as a Preservative.—An Italian medical journal states

that the unfermented juice of grapes and the pulp mixed with milk, ground meat, blood, or the yolk of eggs, seems to modify the protein in such a way as to make it keep much longer and make it more readily digestible.

FINGER PRINTS AND NEURITIS.—Finger prints have been considered an infallible proof of identity. A writer in *Presse Medical* says change may take place under traumatic neuritis. The pores may encroach on the lines, there may be desquamation, or emaciation, the lines may show gaps, or the whole finger print become blurred almost beyond recognition. Injury of the median or ulnar nerve causes these results.

ETIOLOGY OF CHOREA.—The *American Journal of Diseases of Children* suggests that a microörganism, or a group of microörganisms, may be the cause of chorea. They seem to show that if this is the case the source of infection is ordinarily in the tonsils or teeth. They tend to confirm the belief that there is an intimate relation between chorea, rheumatism and endocarditis.

PHENOL AND ALCOHOL.—It is stated in an extract in the *Journal of the American Medical Association* that the value of alcohol as an antidote for phenol poisoning has been scientifically disproved. Alcohol given after the injection of phenol has been found to hasten death. Glycerin also does not prevent the absorption of phenol nor the production of gangrene, though it lessens the caustic local action on the skin.

ANTIDOTE FOR MERCURIAL POISONING.—The *American Journal of Clinical Medicine* gives a method recently devised to antidote mercury in the system after the swallowing of a lethal dose. For every grain of mercury taken, 1 grain of calcium sulphide is given by mouth and repeated every two hours until 5 grains have been taken. If the case is 48 hours old when treatment is begun the drug is injected into a vein, one grain in an ounce of water for each grain swallowed. A case of recovery is reported in which 80 grains of bichloride had been taken.

TREATMENT OF GUNSHOT WOUNDS BY PACKING WITH SALT SACKS. The *Lancet* describes the use of salt sacks as a packing for septic wounds and for the treatment of secondary hemorrhage. The sacks are made of gauze in several sizes, filled with salt and sterilized in an autoclave. The effect when applied is to form a concentrated solution of salt, which promotes the resolution of inflammatory induration and aids the separation of dead tissue by solution of coagulated lymph. The salts remain in place from five to ten days and save the inconvenience of frequent dressing.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

THE NEED FOR WELL-TRAINED MALE NURSES

DEAR EDITOR: There has come to my notice knowledge of a growing need in certain departments for efficiently trained male nurses. Genito-urinary cases and certain types of mental excitements cannot be nursed by a woman yet they require skilled care. Social service workers tell us the need for men, especially in the after-care of the insane, is already recognized. There is not a single registered training school for male nurses in New York State, except the training schools of the state hospitals and these fail to supply the required general hospital experience. Will the readers of the JOURNAL kindly inform us of registered training schools or departments for the training of male nurses in other States?

INTERESTED.

New York.

STAINS ON WHITE PAINT

DEAR EDITOR: I want to ask if there is any way of removing stains produced by bichloride of mercury on white walls and woodwork. The walls of the operating rooms are painted white and the surgeons unthinkingly splash when "scrubbing up." It has disfigured the walls so much that I would be very grateful if you have any suggestions to offer, either from yourself or fellow nurses.

B. P.

Wisconsin.

WHAT CONSTITUTES A NIGHT'S WORK

DEAR EDITOR: I was called outof bed the other night, at 10.45, to go to a hospital and went on duty shortly before midnight, working till 8 a.m. When I was paid I was told that I had been on duty half a night and was therefore entitled to half a night's pay. Do you agree with me that I was entitled to two-thirds of a night's pay? If a patient occupied a room for this length of time, he would be charged for a full night. Why doesn't the rule work both ways?

New York. A. F. G.

(Institutions calling in nurses from the outside usually have established rules with which they are expected to comply. If the rules are known and accepted, no complaint can be made, but every opportunity should be given for a complete understanding between the institution and its employees.—ED.)

AN URGENT APPEAL FOR MISSIONARY NURSES

DEAR EDITOR: Can you help us to find three or four nurses between 25 and 35 years of age, members of the Episcopal Church who would be willing to serve in missionary hospitals in Alaska, the Philippines and China? Here is a letter which is typical of some of the appeals which we have from our nurses who are in that field. Perhaps you will be willing to print it. The other day a cable

came from St. Luke's Hospital, Manila, stating that the hospital would have to be closed unless we could send two nurses quickly. We have not secured them yet. We have two simple hospitals for Indians of the Yukon River in Alaska, one at Fort Yukon and one at Tanana. We need a nurse for each of them. I will take pleasure in supplying details.

Church Missions House JOHN M. WOOD.
281 Fourth Avenue, New York.

"I know that you haven't an idea how badly we are in need of a nurse at St. James' Hospital (China). I know three nurses sounds like a great many and that very few hospitals have even three but if we could all stay well all the time and never need furloughs we could manage. It is the furlough question that I am worrying about at present. In less than two years I go home. Our aim isn't just to take care of the patients but to have a good training school for Chinese nurses. That means a great deal of teaching in Chinese. A person needs a good foundation of language study before she can teach nursing subjects in Chinese. We take these students on a contract to give them a course in nursing which takes regular teaching for three and a half years at least. Then they take an examination given by the Nurses' Association of China which grants their diploma. Dr. Taylor teaches materia medica and bacteriology. He goes home next year and there is nothing ahead but for the classes to stop, as Dr. Bliss will not have enough language to go on with them. This school has had such a hard time to keep its head above water, first Dr. Taylor's furlough when it had to close for more than a year, then Miss Tomlinson's long delay at home and my furlough, so that we are just beginning to see any fruit of our labors. Of our five graduates, one studied medicine, one is school nurse at St. Hilda's, one is about to start district nursing in Hankow, one married and one is here. We are about to graduate three more; and there will be several each succeeding year if we can go on with the teaching. It seems a very few when one thinks of the years we have put into this hospital. Every class that I teach in Chinese means hours and hours of preparation and then I am desperate for days after wondering how much the class understood. This was one of the first training schools established in China and we are having constant demands from other missions for graduate nurses to help in their training schools. If we could get the right sort of a nurse, one who could get a good knowledge of the language and take the greater part of the theoretical teaching and help in other ways, it would put the training school on a basis that it has never had. We don't want a nurse fresh from a training school, but a woman who has had some other experience since her graduation and preferably one from a large hospital school. Within a very few years there will have to be a new women's hospital as this is overcrowded and the men's always has a waiting list for beds. The governor of Canton who was a former patient has given us $2000 towards it, the governor of Anhwei last week did the same. So you see the Chinese themselves are realizing our need and are willing to help."

(Signed) MARY REED OGDEN.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

The American Nurses' Association

The following statement of changes made or contemplated in the organization of the American Nurses' Association was mailed to all association and individual members of that association during July. It is repeated here to give it still wider circulation.

The amendments sent out in printed form with the notice of the convention were approved. These provide for the following changes:

Permanent Members. After 1918, no new permanent members are to be created and it is hoped that the present permanent members will, at that time, resign, so as to simplify the form of membership and avoid duplication.

Advisory Council. A state president may be represented in the Advisory Council by an alternate.

Nominating Committee. Nominating blanks may be signed by the president *or* secretary of an organization, instead of by both.

Sections. Sections representing different branches of nursing work may be created by the directors on request. Members of sections may choose their own officers and make their own by-laws, provided the latter do not conflict with those of the American Nurses' Association. (Two such sections have been created, on Private Duty Nursing and on Mental Hygiene.)

Changes which had not been sent out in advance, at least not in completed form, and which were adopted by unanimous vote of the delegates were these:

Chairmen of Sections are made members of the Advisory Council.

Finance Committee. A Finance Committee was created, to consist of the treasurer of the Association and two members appointed by the president. This Committee will make out a budget of expense for the year and will advise concerning expenditures. Its findings are to be ratified by the Board of Directors.

State and Local Relief Fund Committees are provided for. This subject is explained more fully in a letter sent to the secretaries of all state associations by the chairman of the Relief Fund Committee.

National Charter. The delegates authorized the Revision Committee to secure if possible a national charter instead of retaining our present incorporation under the laws of New York State. This involves having the principal office of the corporation in Washington which, at present, merely means having a permanent mailing address there, but it might in time lead to establishing central headquarters in that city. Should the efforts of the Revision Committee be successful, the presidents of the other affiliated national organizations are again to be made ex-officio members of the Board of Directors of the American Nurses' Association.

Biennial Conventions. Conventions are to be held biennially after 1918. That is, they are to be held in 1917, 1918, and every two years thereafter. This will necessitate a change in the length of term of the directors, a by-law to provide for which will be presented at the next convention.

A new membership clause was adopted, as follows:

"Membership in this association shall consist of the members in good standing in the state associations belonging to it, such members of the state associations being graduates of training schools connected with general hospitals giving

a continuous training in the hospital of not less than two years, or giving an equivalent training in one or more hospitals. This training must include practical experience in caring for men, women and children, together with theoretical and practical instruction in medical, surgical, obstetrical and children's nursing.

"The daily average number of patients shall be that established by the state nurses' association in the state from which the applicant comes, for admission to membership.

"In those states where nurse practice laws have been secured, registration shall be an additional qualification."

Associations may be admitted under the old membership clause until the next convention, but the states are urged to revise their constitution and by-laws to accord with those of the American Nurses' Association and to be ready for admission on the new membership basis as soon as possible after the 1917 convention.

The District Plan of Representation, as presented by the Revision Committee was accepted. This plan includes provision for the districting of states, for the representation from the districts to the state on the basis of one to fifty, and for the representation through the state to the American Nurses' Association, on the same basis, one delegate to fifty members. The dues for the American Nurses' Association, as outlined in the district plan, are fifteen cents per capita. The definite by-laws covering these points are yet to be worked out by the Revision Committee, but the main points were thoroughly discussed, approved and adopted. State officers should bear in mind that if their state is already well organized into counties it need not be re-districted, but each county may be made a district.

It will be seen that members coming into the American Nurses' Association after 1918, must come through their state associations. The dues to their district or county associations should include the dues to state and to national. The method of districting, the amount of dues to be paid to the state and local associations, and the method of state and local reorganization are left for the state and local associations to work out as is best for them. Suggested forms for by-laws for state and district organizations have been prepared by the Revision Committee and may be had on application to the secretary of the American Nurses' Association or to the chairman of the Revision Committee, Sarah E. Sly, Birmingham, Michigan. Miss Sly will be glad to confer with associations needing her advice. State and district associations are urged to send their proposed by-laws to the Revision Committee, before final adoption, in order to have the advice of its members as to whether these conflict in any way with the national by-laws.

It is urged upon all associations that they consider including in their dues the subscription to the AMERICAN JOURNAL OF NURSING, which will be given at a special rate for this purpose.

State and local associations are urged to appoint, as soon as possible, committees on revision to coöperate in working out the reorganization plan. It is suggested by the Revision Committee of the American Nurses' Association that it would be well to have as members of the state and local committees, as far as is possible, delegates who attended the convention at New Orleans, as they would be familiar with the details of the plan.

A meeting of the Advisory Council will be called for January if a sufficient number of state associations desire it or think it is needed. Requests for such a meeting should be sent to the secretary of the American Nurses' Association not later than November 1.

All these proposed changes in membership regulations were needed in order to simplify and make legal the composition of the American Nurses' Association, but two years are given the states for working out the proposed change and all possible help will be extended to them in the process of readjustment. It is hoped that all affiliated associations will take hold of the problem with enthusiasm and with faith in its ultimate success,

NURSES' RELIEF FUND, REPORT FOR JULY, 1916

Receipts

Previously acknowledged, July 1, 1916	$2,407.14	
Interest on bonds and certificates	166.25	
Olive E. Holmes, Carthage, Mo.	1.00	
Methodist Episcopal Hospital Alumnae Assn., Philadelphia, Pa.	15.00	
Ruth Shaw, Kane Summit Hospital, Pa.	1.00	
Marion C. Prentiss, Chicago, Ill.	1.00	
Henrietta K. Tucker, Fitchburg, Mass.	1.00	
Mary J. Lister, Fitchburg, Mass.	1.00	
Ida M. Stuntz, Evanston, Ill.	1.00	
St. Joseph's Hospital Alumnae Association, Chicago, Ill.	10.00	
Kathryn M. Quaing, Bellevue, Ky.	1.00	
Anna L. Slater, Frankford, Philadelphia, Pa.	1.00	
S. Isabel Jarvis, Chicago, Ill.	1.00	
St. Luke's Hospital Alumnae Association, Chicago, Ill.	25.00	
Minnesota State Graduate Nurses' Association	25.00	
Mary M. Roberts, Cincinnati, Ohio	3.00	
Rubie L. Cameron, Worcester, Mass.	2.00	
Jefferson Medical College Alumnae Association, Philadelphia, Pa.	50.00	
Philadelphia Polyclinic Nurses' Alumnae Association, Pa.	10.00	
Mrs. Mary E. Shafer, Frankford, Philadelphia, Pa.	3.00	
Belle Kramer, Chicago, Ill.	1.00	
Rhoda Achworth, Waldoboro, Maine	1.00	
A. F. Steffen, Litchfield, Minnesota	1.00	
Mrs. Ada I. Hapgood, Worcester, Mass.	1.00	$2,729.39

Disbursements

July 1.		
Application approved Number 1—18th payment	$10.00	
Application approved Number 2— 7th payment	5.00	
Application approved Number 4— 6th payment	15.00	
Application approved Number 5— 3rd payment	10.00	
Application approved Number 6— 3rd payment	10.00	50.00
		$2,679.39
13 bonds		13,000.00
2 certificates of stock		2,000.00
Balance Aug. 1, 1916		$17,679.39

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City.

For information address Mrs. W. L. Crass, Montesano, Washington.

M. Louise Twiss, R. N., *Treasurer.*

The summer school of Columbia University started with a registration of over 8000 students. Of these 93 were registered in the Department of Nursing and Health. They represent all branches of nursing work, and come from all parts of the country, several from such distant states as Texas and California. The summer term is too short to undertake any complete or extensive course of study, but it has undoubtedly proven helpful to busy workers who are unable to leave their positions for the longer period and to former students who wish to supplement their regular course and possibly work toward a degree.

The Chicago School of Civics and Philanthropy issues its prospectus of Special Courses for Public Health Nurses for the coming winter, one lasting throughout the year, the other for four months. Among the instructors are Graham Taylor, Edna L. Foley, Minnie H. Ahrens, Rose Mackay, Helen W. Kelly, Elnora Thomson, Dr. George T. Palmer, Carolyn van Blarcom and others well known in social work. Inquiries should be addressed to the Dean of the School at 2559 Michigan Avenue, Chicago.

ARMY NURSE CORPS

Appointments: Anna Ednie, graduate of Woman's Hospital, Philadelphia, Pa.; Flora Henzel, Kings County Hospital, Brooklyn, N. Y.; Mildred L. Johnson, Connecticut Training School, New Haven General Hospital, New Haven, Conn., and post graduate of Illinois Training School, Chicago, Ill.; Alice E. Duffy, St. Joseph's Hospital, Philadelphia, Pa.; Jeanette R. Michener, Chester County Hospital, West Chester, Pa.; Elsie L. Weigand, General Hospital, Elizabeth, N. J.; Augusta H. Timos, Los Angeles County Hospital, Los Angeles, Calif.; Louise M. Fuchs, Charity Hospital, Shreveport, La.; Florence I. Barnhart, Homeopathic Hospital, Pittsburgh, Pa., post graduate Magee Hospital, Pittsburgh, Pa.; Bertha E. Buell, Hartford Hospital, Hartford, Conn.; Anna E. Coffey, Kings County Hospital, Brooklyn, N. Y.; Nellie E. McGovern, Manhattan State Hospital, New York, N. Y., post graduate Bellevue Hospital, New York, N. Y.; Anna R. Smith, Orthopedic Hospital and Infirmary for Nervous Diseases, Philadelphia, Pa.; Melicent E. King, Rockford Hospital, Rockford, Ill., post graduate Illinois Training School, Chicago, Ill.; Helen M. Roberts, Buffalo General Hospital, Buffalo, N. Y.; Mary S. Holden, St. Joseph's Hospital, Reading, Pa.; Emily Baus, Katherine T. Sullivan and Isabelle Smith, City Hospital, Worcester, Mass.; Margaret M. Redmond, Mary Hitchcock Memorial Hospital, Hanover, N. H.; Mary L. Alhorn, Norton Memorial Hospital, Louisville, Ky.; Wilhelmina M. Dusossoit, Cooley-Dickinson Hospital, Northampton, Mass.; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.; Carrie V. Conklin and Martha H. Madsen, Madison General Hospital, Madison, Wis.; Bell Mead, St. Luke's Hospital, Spokane, Wash.; Abigail A. Mahoney, St. Francis Hospital, La Crosse, Wis.; Burdena Johnston, Presbyterian Hospital, Chicago, Ill.; Edith A. Mury, Waldeck Hospital, San Francisco, Calif.; Ella Twidwell, St. Luke's Hospital, Spokane, Wash.; assigned to duty at the Letterman General Hospital,

San Francisco, Calif.; Mrs. Lucy B. Caldwell, All Saints Hospital, McAlester, Okla.; assigned to duty at Base Hospital, Fort Sam Houston, Texas.; Olive F. Heath, Sisters' Hospital, Los Angeles, Calif.; Augusta Aksamit, Centenary Hospital, St. Louis, Mo.; assigned to duty at Army and Navy General Hospital, Hot Springs, Ark. Mary C. Beecroft, New York Hospital, N. Y. assigned to duty at Fort Bayard, N. M.

Re-appointment: Evangeline G. Bovard, Oil City Hospital, Oil City, Pa. assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

Transfers: To Base Hospital, Fort Sam Houston, Texas: Florence M. Bailly, Mina S. Keenan, Katherine I. Herron, Margaret M. Fitzgerald, Augusta H. Timos, Edith I. Barlow, Mary J. Burrell, Flora Henzel, Esther M. Hottenstein, Jeanette R. Michener, Elsie L. Weigand. To Army General Hospital, Fort Bayard, N. M.: Anna Croxson, Anna L. Schultze, Frances Voelkel. To Letterman General Hospital, San Francisco, Calif.: Katherine Dwyer. To Camp Hospital, Brownsville, Texas: Sophy M. Burns, with assignment to duty as chief nurse; Miriam Cleghorn, Alta C. Melott, Elizabeth Valine Messner, Bessie P. Seger, Florence I. Barnhart, Anna E. Coffey, Alice E. Duffy, Anna M. Duryea, Louise M. Fuchs, Mildred L. Johnson, Melicent E. King, Nellie E. McGovern, Evelyn E. Mericle, Agnes F. James, Sayres L. Milliken. To Walter Reed General Hospital, Takoma Park, D. C.: Bernice E. Hanson, Lena B. Mead.

Discharges: Florence E. Taylor, Maud C. Powley, Lydia Latham.

Contracts annulled: Augusta H. Timos, Lulu S. Davis.

DORA E. THOMPSON,
Superintendent Army Nurse Corps.

Colorado.—THE COLORADO STATE BOARD OF NURSE EXAMINERS will meet at the Capitol Building, Denver, September 16–22, 1916, to examine applicants for registration. Louise Perrin, secretary, State House, Denver.—THE COLORADO STATE NURSES' ASSOCIATION will hold its fall meeting in Colorado Springs, on Labor Day, September 4. **Colorado Springs.**—ANNA M. DRAKE, Monroe Street Hospital, Chicago, Illinois, has taken the position of supervising nurse at the Woodmen's Sanitarium. **Longmont.**—THE LONGMONT HOSPITAL is being enlarged by an annex, which will almost double its capacity. M. CORDELIA COWAN, the superintendent, spent the month of June in the laboratory of the City and County Hospital of Denver.

Connecticut: New London.—THE JOSEPH LAWRENCE FREE PUBLIC HOSPITAL TRAINING SCHOOL held graduating exercises for the classes of 1915 and 1916, June 7. Eleven nurses were in the classes, the first to graduate from the school. The invocation was by Rev. Philip M. Kerridge, and an address was given by Dr. Carlisle F. Perrin. Diplomas were presented by Dr. John G. Stanton, and school pins and companion cases by the president of the Ladies' Auxiliary of the hospital board, Mrs. Nicholas M. Pond.

Illinois: Chicago.—THE INFANT WELFARE BOARD has granted a leave of absence of three months to the superintendent, Minnie H. Ahrens, in order that she may devote her time to the work of executive-secretary for the Local Committee on Red Cross Nursing Service and First Aid classes. Marie T. Phelan is acting-superintendent in the absence of Miss Ahrens. THE FIRST DISTRICT OF THE ILLINOIS STATE ASSOCIATION has received the gift of a house from the Sprague estate, to be used as a club-house, a description of which, with illustrations, will be published later.

Indiana: Fort Wayne.—EDITH HARTWELL, class of 1905, Hope Hospital, has accepted a position with the Board of Health at Highland Park, Michigan.

Iowa: Des Moines.—SEMI-ANNUAL examinations for state registration were held July 25–27, 160 nurses were present. **Sioux City.**—THE SAMARITAN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in May and elected the following officers: president, Bertha Ewer; vice-presidents, Anna Dale, Augusta Olson; secretary-treasurer, Helen C. Peterson. NELLIE PORTER, former superintendent of Samaritan Hospital, has taken a four months' course in the Chicago Lying-in Hospital, and will take the position as superintendent of Sartori Memorial Hospital of Cedar Rapids. ELIZABETH RUNGE, Samaritan Hospital, has accepted the position as night supervisor at the hospital, and Florence Mentor will take charge of the operating room. EDITH GAYLORD, Samaritan Hospital, has returned to Foochow, China, to resume her work as medical missionary, after a three months' leave of absence. MARY D. IMRIE has accepted the position as superintendent of the State Tuberculosis Sanitarium at Custer, South Dakota. JENNIE SUTHERLAND has gone to New York, to engage in relief work in a hospital for crippled and ruptured children. SAMARITAN HOSPITAL TRAINING SCHOOL held its twenty-first commencement exercises on May 29, in the First Unitarian Church. The opening address was given by Dr. J. N. Warren and the chief address by Rev. J. R. Perkins. Diplomas were presented by the president of the hospital board, G. R. Witmer, to nine nurses. The Alumnae Association held its third reunion and banquet with a reception for the new graduates, on May 31, at the West Hotel. Thirteen classes were represented by a total of thirty-six nurses, the 1913 class having five members present. Edith Gaylord gave an interesting talk on her work in China. **Davenport.**—MERCY HOSPITAL ALUMNAE ASSOCIATION entertained the members of the graduating class at a dinner at Hotel Blackhawk, June 20. The last business meeting for the season was held in July. IRENE STRANSKY, class of 1915, Mercy Hospital, has entered the convent of the Sisters of Mercy.

Maryland.—THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for state registration October 16–20, 1916 All applications, including those for reexamination, must be filed with the secretary on or before September 30. Mary Cary Packard, secretary, 1211 Cathedral Street, Baltimore, Md. **Baltimore.**—THE MARYALND PUBLIC HEALTH NURSES' ASSOCIATION held its regular monthly meeting at the Johns Hopkins Hospital, on July 30. Mr. Stevens of Arden, Pennsylvania, spoke on Single Tax. SARAH F. MARTIN, who has been for several years in charge of the administration of the ten hour law for working women, has resigned, and after a much-needed rest and recuperation, will take up new work.

Massachusetts.—Correction: Notice of the Massachusetts State Board of Examiners for Nurses, published in the August issue of the JOURNAL, contained an error not due to this office. It should read, "The Massachusetts Board of Registration of Nurses will hold an examination for applicants for registration on Tuesday and Wednesday, October 10 and 11, 1916, at Boston, Massachusetts. Application for any examination must be *filed* at least five days before the examination date." Walter P. Bowers, M.D., secretary, State House, Boston. **Boston.**—HARVARD UNIVERSITY plans to keep a force of seventy-five nurses to staff the Harvard Unit General Hospital, Number 22, until the war is over. To take the places of the nurses and doctors who are leaving in September, a unit of twelve nurses and fourteen doctors under the leadership of Dr. D. F. Jones, sailed on

August 17. This unit will be increased by six American nurses, now working at the American Women's Hospital, Paignton, England, who will unite with the main body in London. The following nurses compose the unit: Catherine M. Fraser, and Helen Joy Hinkley, class of 1913; Margaret Ferguson and Marie W. C. Ells, class of 1914; Ethel Belle Davis, class of 1908, Massachusetts General Hospital; Mary Parsons, Waltham Hospital, Waltham, Massachusetts; Robina Smith, Miriam Benedict and Grace B. Middlemas, New England Deaconess Hospital; Victoria Thompson, Union Hospital, Fall River, Massachusetts. Eva Janette Burke, Elliot Hospital, Keene, New Hampshire; Amy F. Tremaine, Newport Hospital, Newport, Rhode Island; M. Allene Clinch, Newton Hospital, Newton, Massachusetts; Bessie A. M. Ford, Melrose Hospital, Melrose, Massachusetts. Ruth Weller, Winifred Royes, Ruth L. Whittier and Edith M. Newnham, complete the unit. THE BOSTON NURSES' CLUB moved from 839 Boylston Street, to The Fenway, 1126 Boylston Street, about September 1. This move will bring the club nearer the hospital center which has been receiving so many of the smaller hospitals since the building of the Peter Bent Brigham. The group of nurses working at the club for the hospitals of the Allies has been busy all summer preparing and forwarding supplies to meet the increased demand. The average output since January has been three cases per month. This has been made possible by the persistent energy of some of the workers and by the kind contributions of friends and patients. THE BABY HYGIENE ASSOCIATION now has seventeen nurses on the nursing staff. The Boston City Federation of Women's Clubs supports an extra nurse in the South Boston district. Contributions for a new station at Grove Hall in the Dorchester district have reached $300. The effectiveness of the work is due to the intimate relationship between mothers, nurses, and doctors. **Newton Lower Falls.**—MARY M. RIDDLE has resumed her duties at the Newton Hospital, after a year of rest. The nurses of the school gave her a reception after her return. Bertha Allan, a graduate of the school, who was acting superintendent during Miss Riddle's absence, will take a rest and then assume the position as superintendent of the General Hospital, Lowell. Before leaving the Newton Hospital, she was given a beautiful brooch by the alumnae association, and a pendant by the students of the school.

Minnesota: Brainerd.—THE NORTHERN PACIFIC BENEFICIAL ASSOCIATION HOSPITAL held its eleventh graduating exercises on June 8, on the hospital grounds. Dr. W. H. Buskirk, of Miles City, Montana, gave the address. Six nurses graduated. The Alumnae Association held a special meeting, on June 9, to elect the new graduates as members. The senior class gave them, as a commencement gift, their dues to the alumnae, for the first year, and after the meeting entertained them at the nurses' home.

Nebraska: Omaha.—GERTRUDE GILPIN, class of 1909, Omaha General Hospital, is taking a course in massage at the Battle Creek Sanitarium. **Correction.**—In the July JOURNAL it was stated that Mae Davis, registrar of the Nurses' Central Club and Registry, Omaha, was a graduate of the General Hospital. This is a mistake, Miss Davis having graduated from the Douglas County Hospital, Omaha. **Hastings.**—VIOLETTE L. BALL, has succeeded Ellen Lindhold as superintendent of nurses at the Nebraska Sanitarium. **Lincoln.**—THE LINCOLN HOSPITAL ALUMNAE ASSOCIATION was organized in May, and the following officers have been elected: president, Gail E. Howard; vice-president, Katherine Harswick; treasurer, Anna Anderson; recording secretary, Altha Norwell; corresponding secretary, Harriet Arnold. Meetings will be held three times a year.

The Lincoln Sanitarium Training School was the first one to be established in the city and is now the largest. THE NEBRASKA STATE BOARD OF NURSE EXAMINERS has issued a pamphlet containing a proposed course of study, a list of text and reference books for schools of nurses, regulations and requirements for their use and guidance, and a copy of the law governing registration which is compulsory.

New York.—THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting in Buffalo October 18–19, with an added session on the morning of October 20. The Hotel Lafayette has been chosen as the official headquarters. Rates from $1.50 to $6.00 per day. As it may be necessary to conduct a vigorous legislative campaign during the coming year, the delegates are requested to come prepared to pledge contributions for this work. Owing to the changes in the by-laws, the annual dues are now payable in advance, not later than September 15, 1916. Credential cards for the delegates will not be sent to the affiliated associations unless the dues are so paid. **Rochester.**—THE TRIENNIAL CONVENTION OF FIELD REPRESENTATIVES of the Great Northern Territory of the Metropolitan Life Insurance Company was held in Rochester August 1. Among those present were twenty-five nurses employed by the company. A feature of the evening, after the dinner, was an exhibition of moving pictures, showing the discretion exercised in the selection of employees and their after-care and treatment. The sanatorium for those who are ill, even including tuberculosis, which the company maintains at Mt. McGregor, is apparently a model of its kind, and every opportunity for recovery is given them, free of charge. **Troy.**—THE TROY HOSPITAL ALUMNAE ASSOCIATION held a meeting at the hospital on July 3rd, and elected the following officers: president, Helen Roarke; vice-president, B. Nooman; financial secretary, Catherine Corcoran; treasurer, Anna Moran; recording secretary, May Agnes Walsh.

Pennsylvania: Philadelphia.—THE MEDICO-CHIRURGICAL HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting on June 7, at the hospital. Twelve new members were admitted and the delegate to the National Convention, Mrs. Kratz, gave an interesting report. Miss Cole has distributed the Mile of Nickels strips and it is hoped they will meet with success. The Misses Graham and Bowling spoke on Preparedness for Protection, giving a most instructive and interesting talk. THE WOMAN'S HOSPITAL ALUMNAE ASSOCIATION has had a profitable year. Generous donations have been given to the nursing service where needed. There has been a steady increase in the enrollment of new members. On May 18, the association entertained the graduating class of thirteen members. The class expects to join the association in a body at the October meeting. Ruth Halm, class of 1909, who has been home on a furlough from service under the Mission Board of the Reformed Church of Reading, Pennsylvania, has given very interesting talks. Miss Halm has returned to her work in Yochow City, China, for another period of five years. Miss Guthrie represented the association at the convention in New Orleans. Miss Greaney was prevented from attending by ill health. The next regular meeting will be held on October 11, at the hospital, and it is hoped every member will be present. Officers for the year are: president, Mrs. Sara S. Entwisle; corresponding secretary, Margaret Coe; recording secretary, Bertha M. Seldomridge; treasurer, Anna Peters.

South Dakota: Rapid City.—THE SOUTH DAKOTA STATE ASSOCIATION OF GRADUATE NURSES was organized in the club room of the Carnegie Library, on July 11–12 The following officers were elected: president, Mrs. Elizabeth Dry-

borough, Rapid City; vice-presidents, Ivo B. Dyar, Brookings; Irene Labrie, Redfield; recording secretary, Don Lane Wertenberger, Mystic; corresponding secretary, Nellie Card, Rapid City; treasurer, Estella McGill, Vale; auditor, Dora Malhiot Taylor, Rapid City. The next meeting will be held in Pierre.

Virginia.—The law for the state registration of nurses, approved March 16, 1916, has been amended to read as follows:

An Act to amend and re-enact sections 2, 4, and 5, of an act entitled an act to regulate the professional nursing of the sick in the State of Virginia, approved May 14, 1903, and to add an independent section to said act, designated as section 13.

1. Be it enacted by the general assembly of Virginia, That sections two, four and five, of an act entitled an act to regulate the professional nursing of the sick in the State of Virginia, approved May fourteenth, nineteen hundred and three, be amended and re-enacted and an independent section, designated as section thirteen be added, so as to read as follows:

2. The members of the State board of examiners of registered nurses shall, before entering on the discharge of their duties, make and file with the secretary of the Commonwealth the constitutional oath of office. They shall as soon as organized, and annually thereafter in the month of January, elect from their number a president and secretary, who shall be the treasurer. The treasurer, before entering upon his or her duties, shall file a bond with the secretary of the Commonwealth for such sum as shall be required of him or her by said secretary of Commonwealth. The board shall adopt rules and regulations not inconsistent with this act to govern its proceedings, and also a seal, and the secretary shall have the care and custody thereof, and he or she shall keep a record of all proceedings of the board, including a register of the names of all nurses duly registered under this act, which shall be open at all reasonable times to public scrutiny, and the board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expense on that behalf. The secretary of the board may receive a salary, which may be fixed by the board, and which shall not exceed five hundred dollars ($500), per annum: she or he shall also receive traveling and other expenses incurred in the performance of her or his official duties. The other members of the board shall receive the sum of four dollars for each day actually engaged in this service, and all legitimate and necessary expenses incurred in attending the meeting of said board. Said expenses and salaries shall be paid from the fees received by the board under the provisions of this act, and no part of the salary or other expenses of the board shall be paid out of the State treasury. All money received in excess of said per diem allowance and other expenses provided for shall be held by the treasurer as a special fund for meeting the expenses of said board and the cost of (annual) reports of the proceedings of said board.

4. Provision shall be made by the board hereby constituted for holding examinations at least twice in each year. All examinations shall be made directly by said board or a committee of two members designated by the board, and due notice of the time and place of holding such examination as in the case provided for the publication of the rules and regulations of said board. The examination shall be of such character as to determine the fitness of the applicant to practice professional nursing of the sick. If the result of the examination of any applicant shall be satisfactory to a majority of the board, the secretary shall, upon an order of the board, issue to the applicant a certificate to that effect; where-

upon the person named on the certificate shall be declared duly licensed to practice professional nursing in this State.

5. The applicant who desires to practice professional nursing shall furnish satisfactory evidence that she or he is more than twenty-one (21) years of age, is of good moral character, has received sufficient preliminary education as may be determined by the board, and has graduated from a training school of a hospital giving practice in medical, surgical, and obstetrical nursing, either through and under the hospital organization, or by affiliation, and maintaining the standards required by the board, and where at least two years' training in the hospital and systematic courses of instruction are given, provided that the applicant must have attended for at least two years the said training school from which she graduated. Every applicant for registration shall pay a fee of ten dollars upon filing the application.

13. The board of examiners upon written application, together with such references and proof of identification as the board may by rule prescribe may issue a certificate without examination to any person who shall have been registered as a registered nurse under the law of any other State, the requirements of which for securing such registration were at the time of issuance thereof equivalent to the requirements prescribed by this act, and which gives the same privilege to registered nurses of this State.

West Virginia.—The West Virginia Graduate Nurses' Association will hold its eleventh annual convention at Martinsburg, September 26–28. The headquarters for nurses will be at Hotel Berkeley, with rates as follows: American plan, $2.50 and $3.00 per day. Rooms with running water, $2.50 and with bath, $3.00. As there will be matters of very great importance presented, a full attendance is desired.

Wisconsin.—The Committee of Examiners of Registered Nurses will hold an examination for state registration in Milwaukee, October 17–18, 1916. Application blanks may be obtained from the office of Dr. J. M. Dodd, secretary of the Wisconsin Board of Medical Examiners, Ashland, Wisconsin. All applications should be on file by October 1. Anna J. Haswell, secretary of the Committee of Examiners, 1610 Jefferson Street, Madison, Wisconsin.

BIRTHS

On July 21, at Boston, Mass., a daughter, to Mr. and Mrs. J. W. MacLeod. Mrs. Macleod was Lulu J. Haddon, class of 1911, Boothby Hospital, Boston, Mass.

On July 25, a son, to Mr. and Mrs. William McKenzie. Mrs. McKenzie was Myrtle Burford, class of 1908, St. Luke's Hospital, St. Louis, Mo.

In April, at Van Wert, Ohio, a daughter, Sarah Eleanor, to Mr. and Mrs. L. T. Feigert. Mrs. Feigert was Bessie Link, class of 1905, Hope Hospital, Ft. Wayne, Ind.

MARRIAGES

On June 22, at Troy, N. Y., Anna Burke, Troy Hospital, to Frank R. Woodward.

On June 21, at Auburn, N. Y., Myrtle Louise Chatten, class of 1913, Rochester General Hospital, Rochester, N. Y., to Earl John Glanville.

On July 22, at San Antonio, Texas, Ada B. Cecil, class of 1916, Jewish Hospital,

St. Louis, Mo., to Cole T. Smith, M.D. Dr. and Mrs. Smith will live in San Antonio.

On August 2, at Philadelphia, Pa., Ella Barbara Kurtz, class of 1896, Methodist Episcopal Hospital, Brooklyn, N. Y., to Frederick John Conzelmann, M.D. Miss Kurtz was for many years the superintendent of nurses at the State Hospital, Ward's Island, N. Y. Dr. and Mrs. Conzelmann will live in Los Angeles, California.

On July 23, Ida Saums, class of 1916, Longmont Hospital, Longmont, Colo., to Lynn Cook. Mr. and Mrs. Cook will live in Longmont.

Recently, in Bridgeport, Conn., Cora Hester, class of 1912, Mercy Hospital, Davenport, Iowa, to John Reidy.

Recently, Alice Kibby, class of 1915, Mercy Hospital, Davenport, Iowa, to M. McGivern. Mr. and Mrs. McGivern will live in Davenport.

DEATHS

On July 27, at Tobyhanna, Pa., Louanna C. Rohrbacker, class of 1901, Maternity and Surgical Hospital, Philadelphia, Pa., Miss Rohrbacker had been ill for some time and suffered greatly. She had nursed in Orange, N. J. for thirteen years, and her loss will be felt by her many patients and friends.

On July 23, at Worcester, Mass., Margaret Cote, class of 1904, Rhode Island College Hospital, Providence, R. I. Miss Cote practised her profession in Providence until five years ago, when her health failed and she went to Worcester. She was much loved by her friends, and highly respected by all who knew her.

At Hartford, Conn., Mary A. Farrell, class of 1916, St. Francis Hospital, Hartford. Miss Farrell underwent a surgical operation three months before she died. She was patient and uncomplaining, and was much loved by her patients and associates. Members of the alumnae association, and her classmates attended the funeral.

On July 25, at Denver, Colo., Mrs. Ella Norris Longmire, class of 1892, County Hospital, Denver. Mrs. Longmire was in poor health for a long time.

In May, at Lister Tubercular Sanitarium, Denver, Colo., Frieda Kretzman, class of 1913, Lutheran Hospital, Ft. Wayne, Ind.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

BEAUTY A DUTY. By Susanna Cocroft, Author of *What to Eat and When; Personal Hygiene, The Reading of Character Through Bodily Expression*, etc. Rand, McNally and Company, Chicago and New York. Price $2.

The art of keeping young is the sub-title and theme of Miss Cocroft's book and this art becomes a serious proposition when viewed as a duty. Of course we all want to be thought younger than we are, since the Chinese alone of all people count it a compliment to be credited with many years, so, too, we all want to be beautiful, and if beauty and youth are to be snared and kept by any means under heaven the average woman is willing to get in line and avail herself of the instruction necessary to attain these qualities. Miss Cocroft is in a fair way to have many disciples who will eagerly and cheerfully do their duty when they are called to the development of attractiveness in themselves. They will not, however, be allowed to adopt easy and slipshod methods, cosmetics are taboo, false hair ditto, deficiencies or over development of figure are not to be hidden by "improvers," corsets, or any other device for misleading the eyes of the beholder. The complexion must be perfect, eyes, hair, teeth, lips, hands, feet, all must keep up the high standard.

If one is inclined to think that the author takes her subject a little too seriously one needs only to reflect that after all what the book preaches, and preaches convincingly, is personal hygiene. The seeker after beauty is not told any marvellous secrets nor given any wonderful prescriptions, she is taught along hygienic lines, which include diet, exercise, proper ablutions, right postures, breathing, and so on. Careful directions are given regarding the care of the hair, nails, complexion, etc., and in the course of these one gets a formula now and again, usually of innocent ingredients.

THE ELEMENTARY FORMS OF RELIGIOUS LIFE. By Emile Durkheim, Professor of the Faculty of Letters at the University of Paris. Translated from the French by Joseph Ward Swain, M.A. The Macmillan Co., New York. Price $2.

By way of variety we offer the present volume as a most interesting and instructive study of religious sociology. The history of the human race has a fascination for its present members and no part of this history is more fascinating than the earliest forms of religious life. Wherever a unit of human society has existed the need for religion has declared itself, making a dividing line between things sacred and profane. These elementary forms of religion are still in existence among the aborigines of Australia and America—and would seem to grow out of the need of social control primarily, the rites and ceremonies which attach themselves to religion being of later outgrowth and expressive of the controlling spiritual power which primitive peoples worship in one form or another.

PRACTICAL DIETETICS WITH REFERENCE TO DIET IN DISEASE. By Alida Frances Pattee, Graduate, Department of Household Arts, State Normal School, Framingham, Mass. Late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City. Former Instructor at Mount Sinai, Hahnemann, and the Flower Hospital Training Schools for Nurses, New York City; Lakeside, St. Mary's, Trinity, and Wisconsin Training Schools for Nurses, Milwaukee, Wis.; St. Joseph's Hospital, Chicago, Ill.; St. Vincent de Paul Hospital, Brockville, Ontario, Canada. Tenth Edition. Revised and enlarged. A. F. Pattee, Publisher, Mount Vernon, New York, 1916. Price $1.50.

Miss Pattee is to be commended for the diligence with which she keeps her book in line with the latest classification of food principles and nutritive values. The new tenth edition differs from its predecessors only in conforming to the latest additions to the subject.

A MANUAL OF PRACTICAL NURSING. Prepared for the Washington University Training School for Nurses in the Barnes and St. Louis Children's Hospital. Edited by Lillian Bridge, B.S., R.N., Assistant Superintendent and Instructor of Nurses, Washington University Training School for Nurses, St. Louis. C. V. Mosby Company, St. Louis. Price $1.00.

This book contains the formulae for the routine of ward work day by day in hospital. It treats of things which can only be acquired by practical demonstration and the why and wherefore of its teaching is not explained. Probably it is meant as a reminder for those who have a faulty memory for detail in the execution of ward work.

OFFICIAL DIRECTORY

The American Journal of Nursing Company.—*President*, Clara D. Noyes, R.N., Bellevue Hospital, New York. *Secretary*, Minnie H. Ahrens, R.N., 104 South Michigan Avenue, Chicago, Ill. *Editor*, Sophia F. Palmer, R.N., 45 South Union Street, Rochester, N. Y.

The American Nurses' Association.—*President*, Anne W. Goodrich, R.N., Teachers College, Columbia University, New York. *Secretary*, Katharine DeWitt, R.N., 45 South Union Street, Rochester, N. Y. *Treasurer*, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y. Annual convention to be held in Philadelphia, Pa., 1917.

The National League of Nursing Education.—*President*, Sara E. Parsons, R.N., Massachusetts General Hospital, Boston, Mass. *Secretary*, Effie J. Taylor, R.N., Johns Hopkins Hospital, Baltimore, Md. *Treasurer*, Mary W. McKechnie, R.N., Episcopal Hospital, Philadelphia, Pa. Annual meeting to be held in Philadelphia, Pa., 1917.

The National Organization for Public Health Nursing.—*President*, Mary F. Beard, R.N., 551 Massachusetts Avenue, Boston, Mass. *Secretary*, Ella Phillips Crandall, R.N., 600 Lexington Avenue, New York City. Annual meeting to be held in Phialdelphia, Pa., 1917.

National Committee on Red Cross Nursing Service.—*Chairman*, Jane A. Delano, R.N., American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—*Superintendent*, Dora E. Thompson, R.N., Room 345½ War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—*Superintendent*, Lenah S. Higbee, M.L.A., R.N. Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.,

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